Eau Claire Community Foundation
For Good. For Ever.

Public Fundraising Application

Organization Information

1. Individual, organization or group submitting request:
   Fund Name: _____
   Contact: _____ Position: _____
   Mailing Address: _____
   _____
   Phone: _____ Fax: _____ E-Mail: _____

2. What type of group is this and what is its purpose? _____
   _____
   _____

3. Name of Event: _____

4. Begin date: _____ End date: _____
   How did you arrive at that "end date"? _____
   _____

5. Has your group incorporated with the State of Wisconsin as a separate legal entity responsible for its own actions? (circle one) YES NO

   If so, please attach a copy of articles of incorporation, bylaws, and board or committee lists. If not, please explain your organizational structure in an attachment.

6. Does your group plan to become recognized as a non-profit organization by the IRS by obtaining its' 501 (c)(3) status? (circle one) YES NO

   If you circled "NO" above, why not? _____
   If you circled "YES" above, what has been done to date in preparation for securing 501(c)(3) status? _____
   _____

7. Do you have liability insurance? (circle one) YES NO
   If so, please attach a copy of the policy.

8. Please attach a revenue and expense budget for the current year of operations (if applicable)

Project Description

9. ECCF's primary service area is the greater Eau Claire Area. What geographic "community (ies)" do you expect to benefit? _____
_____
_____

10. Attach a description of your event in detail including description of activities that will happen at the event, number of participants and the group's prior experience in this type of fundraising effort including any other information that will help us support your effort.

11. What specific, measurable charitable or educational outcomes does your group hope to bring about and when? (The lives of *how many* people will be better, *in what specific, measurable ways* and *by when*? _____
_____
_____
_____

12. What other individuals or groups have been involved in planning this effort? (Please include approximate number of people and tell why they have been involved.)
_____
_____
_____

13. A primary objective for ECCF is to encourage endowment-building. If your plans include an endowment-building component to help assure long-term attention to your charitable objectives, please describe them.
_____
_____
_____

ECCF Services Requested

14. What is your fundraising goal $_____

15. Estimate how many checks and how much cash you think ECCF will be asked to process?

    Checks _____ Cash _____

16. Please attach detailed expense list and the contribution amount required to participate. Example:

75 dinners at $50	cost of dinner $20
10 table sponsors at $500	cost of dinner $200

17. Who will submit invoices or requests for reimbursements to ECCF for payment, and why does that person or group of people have this authority?

_____

_____

18. How many disbursements do you think ECCF will be asked to process? _____

19. If you need (or may need) services from ECCF beyond accepting, depositing, acknowledging, managing and disbursing funds, please tell what those services are:

_____

_____

20. If ECCF does not approve this request, please explain which other non-profit, governmental, or religious organization(s) could be a likely candidate to do so, and your reasons for not making this request to them.

_____

_____

_____

I (We) agree to use all disclosures as instructed by ECCF, to review all printed and promotional material with ECCF staff before distribution and to submit detailed donor records along with all fundraiser proceeds and invoices.

By signing this application event request, you are agreeing that to the best of your understanding, the outcomes of your event is charitable and that you will provide ECCF with written notification of all meetings of your board or steering committee and will respond in writing to periodic questions from ECCF regarding event activities.

Signature: _____ **Date:** _____

Printed Name: _____

Position: _____**Day Telephone:** _____

_____ **Date:** _____

ECCF Board Chair Signature:

ECCF Board of Trustees Approval Date: _____