



Division of College Advancement

# Fundraising Initiative Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Dept./Unit: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

Name of Proposed Fundraising Initiative: \_\_\_\_\_

Please describe the following:

1. Initiative description, scope and purpose:

\_\_\_\_\_  
\_\_\_\_\_

2. Who will benefit from charitable support and in what way:

\_\_\_\_\_  
\_\_\_\_\_

3. Goals to be achieved and how this fulfills college mission and strategic priorities:

\_\_\_\_\_  
\_\_\_\_\_

4. List of prospective donors (individuals, businesses, corporations, private foundations, etc.) who may be interested in project:

\_\_\_\_\_  
\_\_\_\_\_

5. What budget funds will be used to implement the fundraising initiative:

\_\_\_\_\_  
\_\_\_\_\_

6. Planned timeframe for solicitation activities:

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7. Fundraising Goal and planned methods to meet this goal:

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8. Plan if fundraising efforts is launched and does not meet above monetary goal:

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Requesting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Required Signature:

Dean/Divisional VP: \_\_\_\_\_ Date: \_\_\_\_\_

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VP of College Advancement Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fundraising project is:

Approved

Denied

Comments: