



FUNDRAISING/SPECIAL EVENT/PROJECT PROPOSAL FORM

Please forward this completed form, along with all relevant project materials, to the North Carolina State Office for approval of all fundraising, special events, and project ideas.

Community Action Site: _____
 Contact Name: _____ Title: _____
 Address: _____
 Phone: _____ FAX: _____ Email: _____

Briefly describe your idea (how funds will be raised, volunteer needs, etc.)

How will this project fulfill MADD's mission statement?

When will the event take place?	Begin date: _____	End date: _____
What is your fundraising goal?	\$ _____	
What is your potential income gross?	\$ _____	
What are your expenses?	\$ _____	
Is this event included in your budget?	_____	

Detailed Event Budget (use separate sheet if necessary)

Project Expenses

Project Income

_____	_____
_____	_____
_____	_____
_____	_____

Does this project endorse any products/services? _____

How is this project promoted? TV ___ Radio ___ Print ___ Flyers ___
 Posters ___ Billboards ___ Press Releases ___

Has this fundraising concept been approved by your board? Yes ___ No ___
 (please attach copy of minutes)

Does this event require a contract? Yes ___ No ___

(Fundraisers require a contract if MADD's name and logo will be used by another entity and/or if your Community Action Site will receive money directly from another entity.)

Please attach a draft copy of the contract that has been approved by the North Carolina State Office. Please use MADD's standard contract template.

Check one: New event ___ Repeat event from previous year ___
 (If a repeat event, please indicate revenue, expense, and public awareness results.)

Please attach literature pertaining to this event (flyers, brochures, and/or correspondence)

Your Regional Accountant and Regional Coordinator are available for fundraising questions and comments.



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State Executive Director or Chairperson, please complete this portion of the form and return to your Regional Accountant at the National Office. This portion must be completed before National Office approval is granted.

Received by State Office:

Date _____ Attachments _____ Budget _____
Contract _____ Literature _____ Other _____

To: _____ CAS: _____

From: _____ Date: _____

Project/Fundraiser: _____

Approved: _____ Disapproved: _____

Comments: _____

cc: _____

State Executive Director/Chairperson

Date sent to National Office

Received by National Office:

Date _____ Attachments _____ Budget _____
Contract _____ Literature _____ Other _____

To: _____ CAS: _____

From: _____ Date: _____

Project/Fundraiser: _____

Approved: _____ Disapproved: _____

Comments: _____

cc: _____

Finance Department

Date approved by National Office