



# Cleveland State COMMUNITY COLLEGE

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## Request for Fund-Raising Activity

- Internal Solicitation Activity
- External Solicitation Activity

Name of Person Submitting Request: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Your Association with the Organization: \_\_\_\_\_ Type of Fund-Raising Activity: \_\_\_\_\_

**If this is an event, please complete the following:**

Date of Event(s): \_\_\_\_\_ Place: \_\_\_\_\_ Times: \_\_\_\_\_

Will this require a contract with any outside organizations?  Yes  No

If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the Event will be held on campus, a Virtual EMS Reservation Request Must be submitted in order to use facilities on campus property for activities or events.**

Projected Attendance: \_\_\_\_\_ Cost of Admission: \_\_\_\_\_ Project Amount of Money to be raised: \_\_\_\_\_

Name of Person Responsible for Handling Money: \_\_\_\_\_

Purpose of Fund-Raising Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Please complete a separate form for each Fund-Raising Activity.**

**If the Activity involves fund solicitation in person or by mail, please complete the following:**

Projected Date of Mailout: \_\_\_\_\_ or Personal Contacts: \_\_\_\_\_ Amounts to be requested from each Donor: \_\_\_\_\_

*\* Please attach a list of Donors Names to be solicited. \*\* Please attach a copy of your proposed Fund-Raising letter and/or case statement.*

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

**Approvals (For Administration Signatures Only)**

INTERNAL	EXTERNAL
_____ Vice President for Student Services	_____ Director of Institutional Advancement
_____ CSCC President	_____ Vice President for Finance and Advancement
_____ Date	_____ Date
_____ Date	_____ Date
_____ Date	_____ Date