



FUNDRAISING PROJECT PROPOSAL

Thank you for your interest in holding an event or fundraiser to benefit the National Inclusion Project. Please complete the following form to register your proposal with the Project.

**Required for approval*

*Proposal/Event Name: _____

*Contact Name: _____

Beta Alpha Network: _____

*Address: _____

*City, State, Zip: _____

*Phone: _____ Fax: _____

*E-mail: _____

Web-site: _____

*Beginning/Ending Dates: _____

*Location of Event (including City, State): _____

Please answer ALL of the following questions.

1. How did you come to choose the National Inclusion Project for your event or fundraiser?

2. Have you done similar events in the past? If yes, please describe your successes and challenges of previous events and what you will do the same and differently.

3. Please provide the following budget information:

(a) Anticipated total revenue: _____

(b) Anticipated total expenses: _____

(c) What expenses do you expect to incur? What is your plan to offset those expenses?

(d) Anticipated total donation: _____

(e) Percentage of funds raised donated to the Project: _____

4. What assistance, participation, or resources will you require from the Project?

5. Will you be using volunteers? If so, what is the estimated number of volunteers you will use?

6. Please describe your plan for cash management. Who will be responsible for accounting and what controls do you plan to implement to safe-guard cash collected?

7. If you are a tax exempt organization, please attach a copy of your 501 (c) (3) letter.

Please return this completed questionnaire, along with the *Fundraising Agreement* and any other required attached information to:

The National Inclusion Project
Attn: Project Proposals
PO Box 110104
RTP, NC 27709

Fax: 919-314-5541

Thank you for your interest in supporting the National Inclusion Project!