

Name of Fundraising Partner: _____

Event Contact Name: _____

Contact Phone Number(s): _____

Contact E-Mail: _____

Description of Event (Please include date/time/place/purpose):

Who will be solicited? DaVinci Community; Community At-large

Who will receive the funds that are raised (Please give estimate of total funds to be raised, what percentage DaVinci will receive, specifically how the funds will benefit DaVinci, and how the percentage, if any, not given to DaVinci will be used)?

Attach a budget for the event including all anticipated revenues and expenses, and any request for funds needed, if any (see Fundraising Funds Request).

Attach a timeline with due dates for reports summarizing the planning, operation, and results of the fundraising activity, including without limitation a final statement of cost/revenue.

Has this event been held in the past? Yes No

If Yes, when, for how many years, and what were the results?



Fundraising Event Application

Will anyone involved with the fundraiser receive any benefit (direct or indirect) as defined in the Conflict of Interest Policy (215)? Yes No

If Yes, please explain?*

*This may not preclude the fundraiser, but disclosure may be given to those solicited.

By signing below, you attest that all statements in this application are true, accurate and complete.

Signature

Date

Please return this form to the School Development Committee. If you have any questions please send an e-mail to "fundraising@davincicharterschool.org".

Revision Date: March 26, 2012