



Member Originated Activity Project Proposal

Please check one: ☐ New project ☐ Previous project

The purpose of this form is: 1) to help the Guild publicize all Guild activities on its website, and 2) to request potential start-up funds for projects. The Guild office will call to confirm details about the project.

1. Description of project (include product or service and source of product or service).

2. Timeline: Projected beginning of project: ____/____/____ (when planning begins)
Projected completion of project: ____/____/____ (when office will receive final report/proceeds)

Actual date and time of event (if applicable): Date ____/____/____ Time _____

RSVP deadline: Date ____/____/____ Is space limited? ☐ Yes ☐ No (If yes, how many? ____)

3. Projected number of participants: Volunteers _____ Number of participants (i.e. buyers/attendees) _____

Do you need a list of Guild members from the Guild office? ☐ Yes ☐ No

Do you need a list of potential invitees from the Guild office? ☐ Yes ☐ No

Do you need the Guild office to send invitations? ☐ Yes ☐ No

If yes, send via e-mail or mail? ☐ E-mail ☐ Mail ☐ Both

4. This is a ☐ fundraiser ☐ Guild gathering ☐ other (please describe) _____

Budget (attach separate sheet if desired)

Income

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Projected Income \$ _____

Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Projected Expenses \$ _____

Will the Guild pay invoices/reimburse? ☐ Yes ☐ No If yes, estimate how much: \$ _____

Will you need money in advance (example: deposit on event location)? ☐ Yes ☐ No

(Note: A limited amount of money is available for start-up funds and will be awarded to proposals as funds remain.)

5. How does this project reflect the Guild's mission (*To enhance the student experience while exemplifying the University's ideals of scholarship, freedom and faith.*)? How does this project support building the endowment, building the membership network, and supporting a positive Guild image?

Contact Person: _____

Address/City/ST/Zip: _____

Phone: _____ Email: _____

Please return completed form to: guild@valpo.edu or Loke Hall – VU Guild, 1100 Campus Drive South, Valparaiso, IN 46383

For office use only:

☐ Board approved ☐ Contact made (____/____/____)

Guild office notes: