

FUNDRAISING EVENT APPROVAL FORM

Fundraising Event events are conducted for the sole or primary purpose of raising charitable funds where participants make a charitable contribution and a purchase for the fair market value of goods or services. Fundraising events may include dinners, dances, door-to-door sales of merchandise, concerts, carnivals, golf tournaments, auctions, casino nights, and similar events. Fundraising events with gross receipts greater than \$ 5,000 must be approved in writing by a delegated gift authority when the fundraising event utilizes the university name, logo or trademarks and represents that the university will benefit from the proceeds. The CSUSB Philanthropic Foundation is a not-for-profit corporation that is an auxiliary of CSUSB under agreement with the CSU trustees and is exempt from Federal income tax under Section 501(C)(3) of the Internal Revenue Code. Contributions made to the CSUSB Philanthropic Foundation are tax deductible under section 170 of the IRS Code. This form must be completed and submitted to University Advancement (AD-104) for review and approval. For questions, contact: Interim Director of Advancement Services – Monica Alejandre, malejandre@csusb.edu - 909-537-5644.

Title of Event:			Date of eve	ent:	
Location of Event:		Event S	tart time:		Event End time:
Type of Event (dinner, performance, etc.):				Estimated Att	endance:
Purpose of Event:					
College/Division:		Departr	ment:		
Event Contact: Ph	hone:			Email:	
	litional E	vents D	<u>etails</u>		
Philanthropic gift account chartfield string:		A	count - Fund	- Dept - Program -	- Class - Project
State trust account chartfield string:					•
		A	count - Fund -	- Dept - Program -	· Class - Project
FMV/ "Premium" ticket cost to attend event:				•	
Tax deductible/ "Gift" cost to attend event:				_	
Will your event have a raffle? Yes No	° _	(If yes, a	— Nonprofit Raff	le Report form is i	required after your event.)
,		No			
Appeal code: (Se	ee attached	1 appeal co	ode request fo	rm.)	
Delegated Gift Authority Approval	l of Ever	nt - Cor	npleted b	<u>y University</u>	Advancement
Signature:			Date:		
Print Name:					
I have reviewed/approved event's budget.	t.				
(Please attach a copy of proposed budget)	•	•	(Initial)	-	off-site, please attach a written
I have reviewed/approved solicitation and	d materia	le		-	t with vendor that documents and indemnification provisions.
(Please attach copies of all promotional materia		13.	(Initial)		
I have reviewed/approved the event's acti	•		(minuar)	memo witi	ement is necessary please provide a h a justification to forgo a written
(Please attach a copy of action plan)	ion plan.		(Initial)	<u>agreemen</u>	t.

Completed event budget with actual outcomes must be turned in within 30 days of event.

**Fundraisers, donations, and sponsorships can be complex. Consult with University Development and Advancement Services for assistance through the process to ensure proper recording of any donations.

EVENT NAME				
Event Date				
Event Location	n			
Logistics	Staff Assignment	Due Date		
Prepare projected event budget and submit for Gift authority approval				
Determine catering needs				
Catering tasting				
Coordinate any rentals for lighting and sound equipment				
Reserve equipment				
Finalize menu selections				
Finalize catering order numbers				
Order any gifts for speaker and/or attendees				
Book photographer and video				
Secure volunteers and/or student ambassadors				
Program & Perfomers	Staff Assignment	Due Date		
Contact speaker/performer to discuss event				
Finalize speakers for event				
Send draft event scenario/timeline with suggested bullet points and				
send to planning committee for review				
Send final scenario and guest list to relevant volunteers and staff				
Submit final event scenario, current guest list,				
table seating assignments and seating diagram to President Morales &				
VIP guests				
Finalize presentation/performance outline				
Send any updates to relevant volunteers and staff				
Printed Materials & Mailings	Staff Assignment	Due Date		
Create Save the Date				
Print & Mail Save the Date				
Create invitations & reply card				
Obtain a quote from printing company				
Send invitations to printer				
Stuff invitations, seal and stamp				
Mail invitations				
Prepare event program				
Invitation List	Staff Assignment	Due Date		
Determine # of projected guests, invite groups and any research	Jean 7.03.g.mene	Duc Dutc		
requests that may be necessary to create guest list				
Create invitation lists – contact DOD offices for any additional				
invitees they would like to include				
Finalize guest list and send to Planning Committee and DOD's for review				
E-mail or call those invitees who have not responded				
Submit Guest list, final table guests with bio information and seating				
diagram to President's Office, DOD's and Planning Committee				
Pre Event Needs	Staff Assignment	Due Date		
	Stall Assignifient	Due Date		
Press Releases (How many, sent when?)				
Finalize seating chart				
Handle any last minute RSVPs				
Directional & Parking Signs				

EVENT NAME					
Day-of Logistics	Staff Assignment	Due Date			
Reserved signs					
Talking points					
Guest List - Alphabetical by last name and another list by table #					
Table diagram					
Event scenario					
Nametags					
Programs					
Event supplies					
Gift/Favors					
Registration & Guest Relations					
Post Event	Staff Assignment	Due Date			
Schedule wrap-up meeting and discuss follow up items					
Create post event Survey					
E-blast Survey					
Create thank you card for attendees					
Mail thank you card					
E-blast follow up video					



Fundraising Event Planning Budget - Template

	Budget Total	\$ -	Event Name:
_			
tior	Revenue Estimate:		Date of Event:
mai	Ticket Sales Revenue (Guests x Revenue fee of Ticket)		
nformation	Ticket Sales - Gift Portion (Guests x Gift amount of Ticket)		Start & End Time:
_	Total Ticket Proceeds:	\$ -	
atory			Location:
pu	Estimated Sponsorships	\$ -	
Ma	Total Donations	\$ -	Estimated Attendance:
	Projected Net Funds Raised	\$ •	

		Estimated		Actual
Audio/Visual & Technical - vendor name		\$	-	\$ -
Catering & Beverage - vendor name		\$	-	\$ -
Design & Décor - vendor name		\$	-	\$ -
Entertainment - name of group		\$	-	\$ -
Facilities & Campus Services		\$	-	\$ -
Parking/Transportation		\$	-	\$ -
Photography/Videography		\$	-	\$ -
Postage & Mail Processing		\$	-	\$ -
Printed Materials		\$	-	\$ -
Publicity/Marketing		\$	-	\$ -
Rentals - vendor name		\$	-	\$
Security/Safety		\$	-	\$ -
Signage (event signage)		\$	-	\$ -
Supplies & Miscellaneous		\$	-	\$ -
Venue - name of venue		\$	-	\$ -
Miscellaneous Contingency - 10%	1	\$	-	\$ <u>.</u>
	TOTAL:	\$	-	\$ -



Office of Advancement Services Request for Appeal Solicitation Code Advance (mail list) Code

Appeal solicitation codes/Advance codes are used to track statistics and other elements related to mass solicitations. Some statistics that are tracked include the number of gifts received from a particular solicitation, the number of pledges received, total amount raised, total amount received, fulfillment percentage rate. Additionally, appeal solicitation codes/Advance codes can track the number of solicitations an entity receives in a given period and/or the type of solicitation an entity responds to, and many others.

To request an appeal solicitation code/*Advance* code, complete the information below and forward this form to the Advancement Services Office. A copy of the form will be returned to you with an assigned appeal/*Advance* code number.

The appeal/Advance code will be appended to each Advance entity record if the solicitation/mail list is provided by Advancement Services. If Advancement Services does not provide the solicitation/mail list, the gifts and pledges received as a result of the solicitation will **NOT** be coded in Advance with this appeal code. To ensure proper coding, be sure to include the Appeal/Advance code on the Gift Transmittal Form along with the check, pledge form and any other supporting documentation.

Complete section below:	
Appeal Solicitation Code Advance (1	mail list) Code:
Date of Request: Target dat	e of Appeal:
Fiscal Year:	
Requested By:	
Solicitation To: previous donors, non-donors, etc.)	(i.e., alumni, parents, friends,
Solicitation Type: or form letter, etc.)	(i.e., telephone call, personal
Solicitation Purpose:	
Solicitation List Requested from Advancement S	ervices: No Yes
(If answer is No , a list must be submitted to Adva Advance Entity ID numbers)	ancement Services at time of appeal request and include
Return this form to Julie Bullock <u>jbullock@csusb.edu</u> Adocument (letters and/or brochures) and any other sup	Advancement Services accompanied by a copy of the solicitation porting documentation.
For Advance	ment Services Use Only
Group: Car	peal/Advance Code Assigned: mpaign: erest:



Building a Culture of Philanthropy

Indemnification and Hold Harmless From Liability Agreement

Read this Carefully Before Signing

Vendor (Doing Business As) Name:	
Vendor Services Provided:	
Vendor Mailing Address:	
Phone Number:	Fax Number:
Vendor Business License Number:	
	alifornia State University, San Bernardino, including the Palm apus on behalf of the CSUSB Philanthropic Foundation.
I understand that the name of my company of "Vendor" throughout this agreement.	or organization shall be represented by the word
fullest extent by law, affirm that Vendor will he California, The California State University, the California State University, the California State University San Bernardino, Au Bernardino Philanthropic Foundation and the o authorized volunteers individually and collectiv demands, causes of action, lawsuits (whether at damages, expense costs (including without limifees), judgments, penalties and liens or every n person (including Vendor's employees), or dam damage whatsoever, which injury, death or dam Vendor's products or its performance of service contractual obligations, or its failure to comply Vendor's fault or negligence, including any of act or omission of an Indemnified Party, except death or damage to property arising from the so University, its officers, agents or servants. This indemnification obligation shall survive by any term of any insurance policy.	("Contractor" or "Vendor") and to the old harmless, indemnify, and defend the State of Trustees of the California State University, The axiliary Accounting, The California State University San officers, employees related entities, agents and duly vely ("University") from and against all claims, at law, equity or both), proceedings, liabilities, losses, itation attorney's fees and costs and expert witness nature resulting from injury to or death sustained by any mage to property of any kind, or any other injury or mage arises out of or is in any way connected with eshereunder, or its failure to comply with any of its with any current or prospective law, regardless of the same resulting from the alleged or actual negligent at that said indemnity shall not be applicable to injury, to be or active negligence or willful misconduct of the early other contractual obligation and shall not be limited ized to bind the above company or organization.
Signature	Date
Print Name	Print Title
Email	

Revised February 4, 2015



CSUSB Philanthropic Foundation Contract Procedure

Please follow the steps below to ensure that all CSUSB Philanthropic Foundation contacts/business arrangements are supported by complete written agreements and are executed in a timely manner.

- 1. All contracts must also have the CSUSB Philanthropic Foundation Indemnification Agreement signed by the vendor.
 - a. <u>EO 849</u>, California State University Insurance Requirements, dated February 5, 2003, states that auxiliary organizations shall agree to indemnify, defend, and save harmless the state of California, the Trustees of the CSU, the campus, and the officers, employees, volunteers, and agents of each of them from any and all loss, damage, or liability that may be suffered or incurred by state, caused by, arriving out of, or in any way connected with the operations of the auxiliary.
- 2. Prices of services rendered must be included in each contact.
- 3. Agreements must be signed in a timely manner and not after services are rendered.
- 4. A copy or scan of each finalized contract with <u>all</u> required signatures must be forwarded to <u>foundation@csusb.edu</u> upon completion. *This is needed each year for auditing purposes*.
- 5. The vendor must have a completed <u>W-9 form</u> on file with Auxiliary Accounting for tax purposes and in order to process payment.
- 6. If the vendor is considered an Independent Contractor, they must complete an Independent Contractor Determination Form for Auxiliary Accounting.

Authorized Department gift-account signers are still required to sign payment paperwork but please remember that <u>any</u> binding contracts with the CSUSB Philanthropic Foundation are forwarded to AD-104 for the Executive Director's signature.

Your R.S.V.P. by Aug. 3, 2015, is appreciated. Seating is limited.

Select your level of support: SAMP	LE RSVP CARD
Please reserve tickets at \$125 each	
\$75 per ticket is tax deductible	and will benefit CSUSB scholarships.
I cannot attend but I would like to make a tax de toward Mountain Communities Scholarships at 0	
Contact information:	
Name	-
Address	
City, State and Zip	
Phone	E-mail
Please reserve vegetarian meal(s).	
Guest names and seating options:	
	_
I would like to be seated with the guests listed below:	
ALL CREDIT CARD INFORMATION SHOULD Payment information:	BE LIST AT THE BOTTOM OF RSVP CARD
Check, payable to CSUSB Philanthropic Foundation	☐ VISA ☐ Discover ☐ MasterCard ☐ AMEX
Credit card number	Exp. date
(Print name as it appears on credit card)	3-digit code
\$	-
Amount to be charged	Signature



Checklist & Information for a Successful Fundraising Event

DETERMINING THE FAIR MARKET VALUE & GIFT PORTION OF A FUNDRAISING EVENT TICKET

It's up to the department in charge to determine the tax deductible amount of each contribution for tax purposes. The first step is to determine the FMV of the benefits received. One of the most common ways to determine this amount is to compare the benefits received by the donor to what those benefits would cost if it were not a fundraiser.

For example, let's say you charge \$1,000 for an annual Gala ticket. Included in the Gala is free parking, a performance by a well-known band and a five course dinner. You may determine that the parking would cost \$10, the dinner would cost \$50 from a local restaurant and a ticket to see the band would cost \$100. In this case, the fair market value of the Gala ticket would be \$160 which means the tax deductible component of the ticket would be \$840.

INVITA	TION & RSVP CARD
	Options for Visa, Mastercard, American Express, Discover included on RSVP form.
	For PCI/audit compliance, credit card information has been captured at the bottom of the RSVP form. (Sample attached)
	The CSUSB Philanthropic Foundation Tax ID: 45-2255077 included on event materials.
	Advancement Services Appeal Code has been obtained. (See attached)
6-8 WE	EKS PRIOR TO EVENT
	Complete Fundraising Event Approval Form. (Page 1)
	Complete Budget to Actual Template (Budget figures only) to submit with Event Approval Form. (See attached sample)
	If event will be held on campus, complete <u>CSUSB Space Reservation Request Form.</u> o <u>https://advancement.csusb.edu/events-guest-services/event-scheduling/forms/csusb-space-reservation-request-form-on-campus-entities</u>
	If a third party vendor is used, the <u>Indemnification Agreement</u> was completed. o https://advancement.csusb.edu/sites/default/files/cpf indemnification agreement.pdf
	If a Certificate of Insurance is needed please contact <u>Sarah Powell</u> (<u>spowell@csusb.edu</u>) at 909/537-7769 for assistance.
	Obtain approved Permit to Serve Alcoholic Beverages if event includes the sale, service, or consumption of alcoholic beverages. o https://advancement.csusb.edu/events-guest-services/event-scheduling/forms/permit-serve-alcoholic-beverages
	Contact Sodexo Catering to plan food service for event. https://csusbdining.sodexomyway.com/catering/index.html



Building a Culture of Philanthropy

Ц	the CSUSB Philanthropic Foundation. Please contact <u>Sarah Powell</u> (<u>spowell@csusb.edu</u>) at 909/537-7769 for further details.
	If needed, <u>request services from the Office of Strategic Communication</u> . (For Marketing, Public Relations, Creative Services, Photography or Videography) o https://advancement.csusb.edu/strategic-communication/request-services
	Create invitation lists – <u>Data Request from for Advance Data</u> , for alumni or donor lists o http://www.surveygizmo.com/s3/1437285/REQUEST-FOR-ADVANCE-DATA-FORM-Confidential
	If you would like President Morales to attend or speak at your event, complete the Event Attendance and Speech Request Form for Dr. Tomás D. Morales . https://adminn.csusb.edu/presidentforms/POEvent.aspx
	Contact your <u>Director of Development</u> for assistance and guidance on your event. o https://advancement.csusb.edu/development/meet-team
4 WEE	KS PRIOR TO EVENT
	If event will be held on campus and you will need a Parking Lot clearance complete, Request for Lot Clearance. o https://adminn.csusb.edu/parkingforms/LotClear.aspx
	If you would like your event advertised on campus marque, complete the Electronic Marquee Request .
	Ensure that you are familiar with <u>CSUSB's Cash Handling Policy</u> . o http://admnacct.csusb.edu/forms/CSUSB CASH HANDLING POLICY.pdf
	Create and draft event timeline with suggested speaker bullet points.
POST E	VENT
	Schedule wrap-up meeting and discuss follow up items.
	Survey attendees, if appropriate.
	Deposit all funds collected at event with Advancement Services ASAP.
	Finalize & send Advancement Services attendee list with Advance ID#.
	Complete final reconciliation of event and submit complete Actual Budget Event Form to Director of Advancement Services.
	Follow up with thank you letters to attendees.



Silent and Live Auctions

Auction Types

A silent auction is one in which a card or bid sheet is placed next to each item up for bid. This card or sheet notes the minimum bid and, more importantly, the fair market value of the item. Bidders then write their name/ID and bid amount on the card or sheet.

An open (or "live") auction is one in which bidding is conducted under the supervision of an auctioneer. Auction items are typically published in a brochure with a detailed description, minimum bid and fair market value.

Winning Bidders

Winning charity auction bidders may generally claim charitable tax deductions for the excess of price paid over fair market value ("FMV"). These purchases may be receipted by Advancement Services, if eligible, in the same manner as tickets, memberships, and other goods/services. It is sometimes impossible to establish the FMV of one-of-a-kind items (often, in practice, marked "priceless"). In these instances, the IRS may hold that the FMV equals the purchase price – leaving no tax deductibility and, hence, no compelling reason to issue an IRS-friendly ("legal") receipt.

Donors of Auction Items / Gifts In Kind

To be deductible (and therefore receiptable), the auction item must qualify as a gift in kind. Gifts in kind are gifts of tangible or intangible personal property (other than gifts of cash or investment securities) that are deductible by the donor under federal tax law. Examples of gifts in kind are gifts of artwork, books, equipment, automobiles and inventory.

Gifts in Kind documentation must be sent to Advancement Services within 45 days of receipt.

Any Gift in Kind that is received to be sold at a fundraising auction will complete the following for the Advancement Services Office:

- Original Donor
- Fair Market Value
- Date of Donation
- Date of Auction/when items was liquidated
- Purchase price
- Recipient/Winning Bidder of Item

Raffles and Opportunity Drawings

Under no circumstances shall any department conduct a raffle without full approval in advance from the CSUSB Philanthropic Foundation. Purchase of raffle tickets are not tax deductible expense and rules for participating in the raffle should be clearly articulated.

A Raffle is defined by the State of California as: "Raffle – also known as an opportunity drawing or basket auction is a scheme for the distribution of prizes by chance among persons who have paid money for paper tickets that provide the opportunity to win these prizes. Each ticket is sold with a detachable coupon or stub, and both the ticket and its associated coupon or stubs are marked with a unique and matching identifier."

DEPARTMENT OF JUSTICE PAGE 1 of 2

NONPROFIT RAFFLE REPORT



A report must be completed for each year in which a raffle was conducted (September 1 through August 31).

Reports are due on or before October 1. (California Penal Code section 320.5)

MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 Telephone: (916) 445-2021

WEBSITE ADDRESS: www.oag.ca.gov/charities/

PAR	Γ A: General Organization Reporting Ir	nformation
Name	of Organization	Provide at least one of the following:
CSUS	B Philanthropic Foundation	Poffle Registration Number: PE0007402
Addre	ss of Organization	Raffle Registration Number: RF0007493
5500	University Parkway	Fodoral Francisco Idorático Numbro (FFINI)
City o	r Town, State and ZIP Code	Federal Employee Identification Number (FEIN): 45-2255077
San B	ernardino, CA 92407	
E-mai	l Address	
maleja	andre@csusb.edu	Corporate Number:
Telepl	hone Number	
(909)	537-5644	Organization Number:
Fax N	umber	
(909)	537-7017	State Charity Registration Number: CT0178746
Part I	B: Raffle Information	
1.	Raffle year ending August 31,	
		(Year)
2.	Aggregate gross receipts from the operation of	raffle(s): \$
3.	Aggregate direct costs incurred by the organization	ation from the operation of raffle(s): \$
4.	conducting the raffle(s)?	s used to pay for administration or other costs of Yes V No
	If yes,	
	4(A) Total funds from sources other than ticket raffle(s)?	sales used for the administration or other costs of conducting the
	4(B) What was the source of these funds?	
5.	Describe the charitable or beneficial purpose for which the raffle proceeds were used.	enefiting Student Scholarships and Campus Development
6.	Were some or all of the raffle proceeds used fo	r the benefit of another eligible organization?
	6(A) If the answer to 6 above is yes, provide the used. Attach additional sheets of paper, if	ne following information for each organization for which the proceeds were inecessary.

STATE OF CALIFORNIA CT-NRP-2 (Rev. 10/2012)

DEPARTMENT OF JUSTICE PAGE 2 of 2

NONPROFIT RAFFLE REPORT

		\$		
Recip	Recipient Organization Exact Dollar Amount of Proceeds to Recipient Organization			
Addre	ss of Recipient Organization	Contact Person for Recipient Organization		
City, S	State, and ZIP Code	Telephone Number of Recipient Organization		
Part	C: Certification by Authorized Officer or Direct	or of Reporting Organization		
For	the raffle(s) held during the year ending August 31,(\)	, I hereby certify that:		
		ear)	True	Fals
1)	At least 90% of the gross receipts (total dollar amount prior of raffle tickets was used for the beneficial or charitable puraffle or for the benefit of another eligible organization.		✓	
2)	None of the funds required to be used for beneficial or chadirector or member (as defined by Corporations Code secraffle(s).		✓	
3)	No person involved in or connected with the conduct of the conducting the raffle(s) from raffle proceeds required to be		1	
4)	No gaming machine, apparatus or device, including but no machine as described in California Penal Code sections 3 raffle(s).		1	
5)	No individual corporation, partnership or other legal entity the raffle(s) other than the organization conducting the raffwhich received funds from the raffle(s).		✓	
6)	No raffle was conducted, and no raffle tickets were sold, tr enclosure, satellite wagering facility, or gambling establish		✓	
7)	Tickets were not sold, traded or redeemed over the Interne	et.	√	
the an in Par In sigi	answer to any question in Part C, Items 1 through 7, was aswer. Use additional sheets of paper, if necessary, for a t C was "False", reference the question number next to ning this Nonprofit Raffle Report, I hereby certify that all signature of Authorized Officer or Director Who Prepared the	the explanation. If the answer to more than one each explanation. of the information contained herein is true and	ques	tion
_	Report Printed Name of Authorized Officer or Director	Title of Authorized Officer or Direct	tor	