

**IMPACT
Fundraiser Request**

Today's Date:

Department/Program Requesting Fundraiser:

Person Coordinating This Fundraiser:

Name:

Email:

Phone:

Name of UCA Administrator/Staff Sponsor:

Date Fundraiser to Start: End:

Description of Fundraiser:

Target Audience (e.g who are you soliciting support/participation from?):

Anticipated Cost/Profit:

Gross Amount: \$

Expenses: \$

Profit: \$

How Funds Will Be Used:

As the Coordinator/Sponsor of this fundraiser, we understand that it is our responsibility to ensure that all aspects of this activity conforms to UCA standards. All funds will be handled in full compliance with the UCA Fund Handling Procedures. We understand that a signed approval (below) is required before this fundraiser can be implemented. Please allow up to two weeks for approval.

Coordinator Signature: _____ Date: _____

Administrator/Staff Sponsor: _____ Date: _____

This fundraiser is: approved not approved

IMPACT Board Representative: _____ Date: _____