

**For SGPA Board Use Only:**

Date received:	
Date Reviewed:	
Date Approved:	
Date Declined:	

Grassroots Event Proposal Form

If you are interested in hosting an event to benefit the Somerset Gables Parents Association, Inc. (SGPA), please complete this form and submit via email to: somersetgables_sgpa@gmail.com. QUESTIONS? You may contact an SGPA Board Member at the same email. *ATTN SGPA Board President: somersetgables_sgpa@gmail.com.

Before you host an event, the Somerset Gables Parents Association, Inc. (SGPA) Board Members must approve this application; therefore, please allow advanced notice. Any use of the Somerset Gables Parents Association (SGPA), ACT FUND logo or name in marketing, publicity, press, media, web-related and promotional materials must be approved in writing by the SGPA Board prior to distribution. Please submit all requests at least 30 days (or more) in advance of your event.

**Please note that as a non-profit organization, the SGPA will comply with the expense ratio guidelines for IRS 501(c)3 organizations, which calls for expenses to account for less than 12% of total revenues. Therefore, the total expenses on any individual event should be at or below 12% of the projected revenue. Please let us know if you have any questions.*

APPLICANT INFORMATION:

APPLICATION DATE: _____

NAME OF GROUP/COMPANY PLANNING EVENT: _____

NAME OF INDIVIDUAL RESPONSIBLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

NAME OF PROPOSED EVENT: _____

PROPOSED EVENT INFORMATION:

DATE OF PROPOSED EVENT: _____ TIME OF PROPOSED EVENT: _____

LOCATION OF PROPOSED EVENT: _____

IS THE EVENT: (*PLEASE SELECT ALL THAT APPLY)

☐ OPEN TO THE PUBLIC ☐ BY INVITATION ONLY ☐ TICKET PRICE \$ _____

ARE THE BELOW INVITED TO ATTEND? (*PLEASE SELECT ALL THAT APPLY)

☐ GABLES PARENTS ☐ GABLES TEACHERS ☐ GABLES STAFF ☐ GABLES STUDENTS ☐ OTHER GUESTS

HAS THIS EVENT TAKEN PLACE BEFORE: ☐ YES ☐ NO

If yes, when, and where? _____

ARE THERE ANY OTHER BENEFICIARIES OTHER THAN THE SGPA: ☐ YES ☐ NO

If yes, which other organization? _____

DOES YOUR COMPANY PLAN TO MATCH THE AMOUNT THAT YOU RAISE? ☐ YES ☐ NO

BRIEFLY DESCRIBE THE EVENT, AND HOW FUNDS WILL BE RAISED. (ex: ticket sales, sponsorship, raffle, auction items, items sold, etc.)

HOW WILL THE EVENT BE PUBLICIZED / MARKETING: (ex: flyers, invitations, emails, signage, banners, etc.?)

DOES YOUR EVENT REQUIRE A LICENSE? ☐ YES ☐ NO

WHAT TYPE OF ASSISTANCE IS REQUESTED FROM THE SGPA BOARD MEMBERS?

ARE COSTS TO COME OUT OF: ☐ PROCEEDS ☐ TO BE PAID BY EVENT ORGANIZER

WHAT DATE WILL THE DONATION FUNDS BE RECEIVED BY THE SGPA? _____

ARE YOU REQUESTING YOUR GIFT TO BE GIVEN TO A SPECIFIC FUND? ☐ YES ☐ NO

If yes, which fund? _____

PLEASE LIST ALL BUSINESS THAT YOU PLAN TO SOLICIT FOR CASH OR IN-KIND SUPPORT BELOW:

LIST ALL COSTS ASSOCIATED WITH THIS EVENT, EVEN IF YOU EXPECT THE ITEMS OR SERVICES TO BE DONATED OR UNDERWRITTEN:

REVENUE:	\$ AMOUNT	EXPENSES: <i>*Expenses should be at or below 12% of projected revenue</i>	\$ AMOUNT
Participant Revenue (# x \$)		Location	
Sponsorship		Food/Beverage	
Pledges		Printing	
Raffle		Security	
Auction		Advertising/PR	
Other (describe)		Entertainment	
		License Fee	
		Prizes	
		Supplies	
		Other (describe)	
TOTAL EXPECTED REVENUE:		TOTAL COSTS:	
NET REVENUE TO SGPA:			

NAME OF APPLICANT: _____

DATE: _____

SIGNATURE OF APPLICANT: _____