

## fundraising project application

**All fundraising projects must be submitted to your Sports Program Manager/Associate for review and adhere to the following timeline:**

- Up to 45 days before the project – Project coordinator (person conducting the fundraiser) submits application to his/her respective Special Olympics Minnesota Sports Program Manager/Associate for approval.
- Within five (5) working days – the Sports Program Manager/Associate will review the application for accuracy.\* If approved, the Sports Program Manager/Associate will submit signed application to the Vice President – Development for approval.
- Within five (5) working days – Exec. Vice President of Development & Partnerships approves/
- disapproves\* request and remits copy of application to Sports Program Manager/Associate and project coordinator.
- Within 45 days after project – Project coordinator submits “Fundraising Report” to the Sports Program Manager/Associate.

**\*Note: It is recommended that only 30 percent or less of income generated annually should be spent for costs incurred to raise funds. All 501(c)(3) nonprofits must adhere to this revenue/expenditure ratio.**

Special Olympics Minnesota will review the application and work with the area and/or local program to ensure the development of an effective and profitable fundraising project. In compliance with state, federal and Special Olympics, Inc. rules and regulations, use of any Special Olympics names, logo and marks for the organization or its events must have prior approval from Special Olympics Minnesota (see page 19 of the Communications Guide for the Use of Logo Application). The intent of the application is to cultivate a coordinated fundraising effort between the local, area and state programs as well as to ensure the proposed project is productive, legal and safe.

Project Title: \_\_\_\_\_

Date(s) of Project: \_\_\_\_\_ Target Group: \_\_\_\_\_

Location and City: \_\_\_\_\_

Organizations and Individuals involved: \_\_\_\_\_

Describe fundraising project: \_\_\_\_\_

Please enclose a sample of all materials and items (e.g., budget, flyers, or promotional materials).

Estimated dollars to be raised: \_\_\_\_\_ Estimated cost of project (explain): \_\_\_\_\_

Centralized account where the funds are to be deposited: \_\_\_\_\_

How will the funds be used? \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please send completed form to:**

**Special Olympics Minnesota, 900 2nd Ave S, Ste 300, Minneapolis, MN 55402**

\_\_\_\_\_  
Approved by Sports Program Manager/Associate Date

\_\_\_\_\_  
Approved by Exec. Vice President of Development & Partnerships Date