



Delaware Community Foundation's
EVENT APPLICATION

CONTACT INFORMATION:

Name of Fund:

Contact Person:

Title:

Contact Address:

Contact Phone: (W)

(H)

(C)

EVENT INFORMATION:

Name of Event:

Is the primary purpose of your event to fundraise? Y N

Purpose of Event:

Description of Event (Check all that apply):

Reception/Gala

Awards Ceremony

Run/Walk

Golf Outing/Sporting Event

Conference

Other, please describe:

Event Location and Address:

Event Date:

Rain Date:

Time of Event:

On-Sale Date:

Invitation Only? Y N

Expected Attendance:

Has This Event Taken Place Before? Y N If so, when?

Estimated Gross Revenue:

Estimated Expenses:

Expected Vendors/Expenses (Check all that apply):

Venue

Catering

Photographer

Photo Booth

DJ/Band/Music

Invitation/Promotions

Floral/Décor

Event/Race Management

Other, please describe:

Sources of Revenue (Check all that apply):

- Sponsorships/Grants Advertising Tickets/Registration
 Donations Raffle (Items) 50/50 Drawing
 Silent/Live Auction

Other games or activities, please describe:

Will you need a 3rd party ticket sale platform?: Y N

Will you need to accept payments/donation on-site by credit card?: Y N

AGREEMENT SIGNATURE:

I, on behalf of the event planning committee affirm all information is complete and accurate. I agree to adhere to all Fundraising & Event Guidelines for Component Funds and all DCF policies and procedures. I agree to consult with the DCF on any changes to the information provided and receive approval before moving forward.

Name:

Date:

Signature:

REQUIRED ATTACHEMENTS:

- **A list of the names and email addresses, of all people involved in organizing the event.**
- **A list of all revenue sources including the type of revenue, cost and fair market value. *A sample revenue breakdown is available upon request.***
- **An event budget, detailing all major categories of expenses and revenues. *A sample budget is available upon request.***

Please return this completed application with all requested documentation to:

Michelle Marshall, Gift Administrator
Delaware Community Foundation
P.O. Box 1636
Wilmington, DE 19899
(p) 302.504.5227 (f) 302.571.1553
mmarshall@delcf.org

Thank you for your efforts to build permanent charitable capital for the community!

DCF OFFICIAL USE ONLY:	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Insurance Needed? <input type="checkbox"/> Y <input type="checkbox"/> N
Signature and Date:	Gathering License Needed? <input type="checkbox"/> Y <input type="checkbox"/> N
	Raffle Permit? <input type="checkbox"/> Y <input type="checkbox"/> N