

Lake County Board of Developmental Disabilities/Deepwood

Fundraising

Grant Request

Name of Person submitting form: _____ Phone: _____

Name of the Fundraising Event/Grant Request: _____

Date range for Fundraising Event/Grant Request:

Date(s): _____

Time(s): _____

Location(s): _____

Will you have an announcement, invitation, or flyer? _____ Yes _____ No

(If yes, notices or flyers about the event must be reviewed by Marketing and approved by Management prior to use.)

Will you be requesting Media presence/Press Release? _____ Yes _____ No

(If yes, all media contact must be approved by Management and must go through the Marketing Manager)

Will you be ordering refreshments from the Food Service Department? _____ Yes _____ No

(If yes, please complete "Food Services Special Event Order Form" and forward to Food Service)

Note: Operation must be notified of all events that require Maintenance/Custodial staff involvement by completing a Work Order indicating type of event, date, and location.

FUNDRAISING

Type of request:

_____ Sale of goods

_____ Raffle

_____ Other (please describe): _____

Describe how the funds will be generated (if selling goods, what are you selling/if raffle, what type of raffle, etc.):

Describe how the funds will be handled (collected, held, deposited, and spent):

Which 501(c)3 entity will hold the funds?

- Deepwood Foundation
- Deepwood Industries
- Special Olympics

Please submit preliminary budget with the application.

GRANT REQUEST/DONATION SOLICITATION

Type of Request:

- Solicitation of goods
- Solicitation of services
- Solicitation of funds

Amount value: _____

Request being made to what Agency/Organization: _____

Briefly describe the need for your program: _____

Which 501(c)3 entity will hold the funds?

- Deepwood Foundation
- Deepwood Industries
- Special Olympics

Please submit preliminary budget with the application.

Person submitting the application

Date

Program Director

Date

- () Approved
- () Not Approved

Superintendent

Date

