



The Ecumenical Shelter Network of Lake County
Project Hope for the Homeless

Fundraising Proposal

rev012011

Thank you for your interest in sponsoring a fundraiser to benefit Project Hope for the Homeless. We will consider your proposal based on this form. Please feel free to include additional information you feel is important.

Please remember the following guidelines when submitting your proposal:

- All promotional materials must have **prior written approval** from a Project Hope representative. This includes invitations, programs, press releases, advertising copy, etc. Materials can be sent via mail, fax or email. Approval and/or required changes will be sent back within two business days. Please keep your deadlines in mind when sending materials.
- Telephone solicitation may not be used as part of the fundraising effort.
- All financial donations and closing statement will be sent to Project Hope within 30 days of the event.
- The Sponsoring Organization/individual shall indemnify and hold harmless the Ecumenical Shelter Network of Lake County, Inc., its directors, employees, volunteers and legal representatives from all claims, loss, damage, injury, liability, costs and expenses of any kind and nature caused by, arising out of, or occurring in connection with any act or omission by the Sponsoring Organization in connection with the described event.
- Project Hope for the Homeless may revoke its approval should it be believed that any of these guidelines are not being followed.
- This proposal must be approved by the executive director of the Ecumenical Shelter Network of Lake County, Inc., dba Project Hope for the Homeless.

Name of sponsoring organization: _____

Address: _____

Phone: _____ Fax: _____

Contact person: _____ Title: _____

Email address: _____ Web site: _____

In order to reconcile funding in a timely manner, Sponsoring Organization agrees that Project Hope will receive its portion of the net proceeds no later than 30 days after the event.

Initial here: _____

As the representative for the Sponsoring Organization, I understand that all expenses will be paid by the Sponsoring Organization. If any donations are being used to offset expenses, checks, credit cards and money orders must be made payable to the Sponsoring Organization

Initial here: _____

Authorized Representative of Sponsoring Organization

Authorized Representative of Project Hope

Printed name, date

Printed name, date

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Event information

Name of event: _____

Date and time of event: _____ Location: _____

Description of event: _____

Promotions/publicity plans, including media you intend to contact: _____

Do you agree to send any photographs of event or copies of pre/post-publicity to Project Hope? Y N

Anticipated number of attendees: _____

Financial information

Will admission be charged? Y N If so, how much per person? _____

Will numbered tickets be sold? Y N

If applicable, how much of the admission will be donated to Project Hope? _____

If there is no admission fee, how will funds be generated? _____

Will any other organization benefit from this event? If so, who? _____

Proposed Budget

Anticipated Revenue	Amount	Anticipated Expenses	Amount
TOTAL REVENUE:		TOTAL EXPENSES:	

Net gain: _____

What dollar amount or percentage of gross receipts will be donated to Project Hope? _____

Please return your proposal to Project Hope:
 development@projecthopeonline.org · Fax:: 440.392.0114 · P.O. Box 2035, Painesville, OH 44077
 Call (440) 354-6417 with questions