



Univ. Adv. Only
Date Received: __/__/__
Has Clearance Been
Obtained? ___ Yes ___ No
Date Notified: __/__/__

Southeastern Fundraising Proposal Form

To begin your fundraising idea, please complete this form and return it to the Office for University Advancement. If you have any questions please feel free to contact us at 985-549-2239 or email advancement@selu.edu.

Name:	
Title:	Department:
Phone#	Email:
Name of Project:	

1. What is the intent or mission of your project and your organization (if applicable)?

2. Is this an ongoing/annual or one-time appeal?

	Ongoing/Annual	OR		One-time	Start Date:		End Date:	
--	----------------	-----------	--	----------	-------------	--	-----------	--

3. What offices or organizations (on or off-campus) are involved/working on this project?

4. How much do you expect to raise?

Annually:	\$	OR	Total:	\$
-----------	----	-----------	--------	----

5. How much do you expect to expend in order to raise the amount projected to raise?

\$

6. Will you need University funds and resources in order to execute your plan?

	Yes (please describe on separate sheet)	OR		No
--	---	-----------	--	----

7. Who do you expect to solicit for resources (i.e. foundations, alumni, community members, etc...)? Please list all names, using a separate sheet if necessary.

8. How do you plan to solicit donors?

	Direct mail		Personal visits, calls, and letters		Phonathon
	Webpage		Events		E-communications

9. What brochures, promotions, advertising or other resources do you plan to use?

10. Are you setting any giving levels (i.e. Gold club \$1,000, Green Club \$500)? If so please list below. Please also list any benefits or gifts you plan to offer to donors.

Level Name	Gift \$ Amount	Benefits	Total \$ value of benefits

11. Please describe any fundraising events that you plan to hold and the tentative dates.

12. What other sources of revenue do you plan to secure for your project?

	Grants		Auctions		Raffles*		Sale of Advertising
	Sale of items(please describe on separate sheet)				Other:	_____	

**Raffle guidelines are established by the Louisiana Office of Charitable Gaming. Additional paper work may be required.*

13. Please list Advertising options below:

Ad Description	Estimated # of viewings	Publication frequency	Cost

14. Are there any other details or additional notes or plans that you haven't listed yet? Please do so below:

15. Required Signatures:

Program / Department Head

Signature/Date

Dean/Administrative Head

Signature/Date

Division Vice President

Signature/Date