

NORTHERN OKLAHOMA COLLEGE  
INSTITUTIONAL FUNDRAISING ACTIVITY REQUEST FORM

NAME OF DEPT. / ORG. / CLUB: \_\_\_\_\_

FUNDRAISING COORDINATOR

EMPLOYEE RESPONSIBLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

STUDENT / ORGANIZATION / REPRESENTATIVE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FUND GOAL AMOUNT: \_\_\_\_\_

INTENDED USE OF FUNDS RAISED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF FUNDRAISING ACTIVITY (ATTACH ADDITIONAL INFORMATION IF NEEDED): \_\_\_\_\_

\_\_\_\_\_

LOCATION: \_\_\_\_\_

PROPOSED TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

FUNDRAISING HISTORY: (LIST ANY CURRENT OR PAST MAJOR SPONSORS AND CONTRIBUTORS TO YOUR PROGRAM.)

\_\_\_\_\_

\_\_\_\_\_

I HEREBY ASSURE COMPLIANCE WITH STATE REGULATIONS AND THE NORTHERN OKLAHOMA COLLEGE FUNDRAISING GUIDELINES. I UNDERSTAND, AS FUNDRAISER COORDINATOR, THAT I AM RESPONSIBLE FOR FACILITY, INFORMATION TECHNOLOGY, MAINTENANCE REQUESTS, ETC. FOR THE PROPOSED FUNDRAISER.

\_\_\_\_\_  
FUNDRAISING COORDINATOR

\_\_\_\_\_  
DATE

INSTITUTIONAL APPROVALS:

\_\_\_\_\_  
DEPARTMENT CHAIR / PROGRAM DIRECTOR / ATHLETIC DIRECTOR / VICE PRESIDENT

\_\_\_\_\_  
DATE

☐

APPROVED

☐

NOT APPROVED

☐

NOC DEPT FUND

☐

NOCF FUND

ACCT \_\_\_\_\_

ACCT \_\_\_\_\_

\_\_\_\_\_  
VICE PRESIDENT FOR DEVELOPMENT AND COMMUNITY RELATIONS

\_\_\_\_\_  
DATE