

NORTHERN OKLAHOMA COLLEGE
INSTITUTIONAL FUNDRAISING ACTIVITY REQUEST FORM

NAME OF DEPT. / ORG. / CLUB: _____

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.

EMPLOYEE RESPONSIBLE DATE

INSTITUTIONAL APPROVALS:

DEPARTMENT CHAIR / PROGRAM DIRECTOR / ATHLETIC DIRECTOR / VICE PRESIDENT DATE

APPROVED NOT APPROVED NOC DEPT FUND NOCF FUND

ACCT _____ FUND ID _____

VICE PRESIDENT FOR DEVELOPMENT AND COMMUNITY RELATIONS DATE