



Fundraising Proposal Form

We appreciate your consideration of Alameda County Community Food Bank as the potential recipient of proceeds from your event, fundraiser, project or program. Kindly fill out this form with as much detail as possible and let us know if you have any questions.

Our logo and trademarks are extremely important to us. Consistent use helps us ensure our outstanding reputation in the community. All written, printed, electronic or online material, before and after the event or promotion, must be submitted to us for approval before distribution. This will help increase name and brand recognition, increasing the appeal of your event.

One way we keep management and fundraising expenses very low is to maintain a small, hard-working professional staff. So although we will certainly do our best to accommodate your requests, we cannot guarantee that an Alameda County Community Food Bank representative will be able to attend your event, meeting or check presentation.

We appreciate your interest in fundraising for Alameda County Community Food Bank, and we look forward to working with you!

Contact Information:

Kathryn Weber | Corporate Partnership & Events Manager
Alameda County Community Food Bank | 7900 Edgewater Drive | Oakland, CA 94621
☎ 510.635.3663 x 328 | 📞 510.635.3773 | ✉ kweber@accfb.org | 🌐 www.accfb.org

Fundraising Proposal Form

Name of fundraiser: _____

Location of event/program: _____

Date(s) of event/program: _____ Hours of event: _____

Type of event/promotion: _____

Your name: _____ Phone: _____

Event/Program Coordinator's Name: _____

Group/Organization Name: _____

Event/Program Coordinator's Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact Information:

[daytime phone] _____ [evening phone] _____

[fax] _____ [e-mail] _____

Has this program been done before? (please check one) Yes No

If yes, when? _____

Projected audience (who will attend or support the program): _____

Projected Attendance: _____

Projected Sales: _____

List sponsor(s) (please use additional page if necessary):

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

Name(s) of other supporting organizations (please include in-kind supporters):

Percentage of proceeds to be donated to Alameda County Community Food Bank:

100% Other (please specify amount or percentage): _____

Alameda County Community Food Bank must review and approve all materials that include our name and/or logo.

Please check the types of promotional activities you may pursue (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Press Release | <input type="checkbox"/> Save-the-Date cards (print/electronic) |
| <input type="checkbox"/> Promotional Flyers | <input type="checkbox"/> Flyers |
| <input type="checkbox"/> PSA (radio) | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> PSA (TV) | <input type="checkbox"/> Social Media (facebook, Twitter, etc.) |
| <input type="checkbox"/> Posters | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Canisters | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Invitations (print/electronic) | |

Fundraising Proposal Form

Budget Worksheet

Name of Fundraiser: _____

Location of event/program: _____

Date(s) of event/program: _____

Projected Event/Program Costs:

Event Venue: _____

Rentals: _____

Graphic Design: _____

Postage: _____

Printing: _____

Supplies: _____

Food: _____

Entertainment: _____

Other (specify): _____

Projected Event/Program Income:

Admission: # _____ × \$ _____ = _____

Auction: _____

Pledges: _____

Sponsorships: _____

Underwriting: _____

Donations: _____

Other (specify): _____

Other (specify): _____

Other (specify): _____

TOTAL expenses: \$ _____

TOTAL income: \$ _____

Estimated Proceeds to be donated to Alameda County Community Food Bank (*income less cost*): \$ _____

Notes:

.....
Expected date of proceeds to be received by Alameda County Community Food Bank (*to be received within 45 days following the event*): _____

We ask that all proceeds be submitted by check, cashier's check or money order and made payable to "ACCFB"

An income and expense accounting is required at the end of every event. Alameda County Community Food Bank reserves the right to review any official accounting or banking records. Event organizer agrees to provide Alameda County Community Food Bank with a complete list of monetary and non-monetary donors including name, address, phone and item or amount donated. We are required to maintain this information with the event's records. Alameda County Community Food Bank may choose to acknowledge donors directly.

.....
I agree to the above proposal on my organization's behalf:

[name], [organization]

Kathryn Weber, Alameda County Community Food Bank

Contact Information:

Kathryn Weber | Corporate Partnership & Events Manager
Alameda County Community Food Bank | 7900 Edgewater Drive | Oakland, CA 94621
☎ 510.635.3663 x 328 | 📠 510.635.3773 | ✉ kweber@accfb.org | 🌐 www.accfb.org