

Family Project for FOD Awareness Agreement

If you choose to plan a project to raise awareness of FODs, please complete this form. **Please be sure to read/sign/date the Agreement at the bottom of this page. Either Mail to Deb Lee Gould (pg 1 is necessary, pgs 2-3 are optional) at 2041 Tomahawk, Okemos, MI 48864 or Fax: (866) 290-5206.**

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

Project Name: _____

Describe Project: _____

Which Fund do you wish to support? General _____ Clinical _____ Research _____

Project Date: _____ Rain Date (if applicable): _____

Project Hours: _____ Project Location: _____

Projected Attendance: _____ Is the event open to the public? YES NO

Estimated Cost of Your Project (as determined by attached est. budget): _____

Your Donation Goal: _____

Sponsors? : _____

●●● Please note that **if you choose to plan your own creative project** to help with FOD awareness, you will need to **sign this Form and Agreement** and mail or fax to Deb (pg 1 especially, pgs 2-3 are optional). This agreement states that you understand that **the FOD Group is not sponsoring your project nor is it financially or legally responsible for your project ~ and that only you would get the tax deduction and donation receipt** when a check is mailed to Deb. **PLEASE make it known to whomever may 'donate' toward your project that they will NOT receive a tax deduction or a receipt from the FOD Group for their participation.**●●●

Your signature: _____ Date: _____

Address: _____

FOR FOD Group USE ONLY: The above member understands that this is a personal FOD project and not an FOD Group sponsored project. Only the member will receive the tax-deduction. THANK YOU for helping to create awareness of FODs! We are a 501c3 Non-Profit Corporation and your donation is tax-deductible.

FOD Director Signature: _____ Date: _____

ESTIMATED BUDGET

Please complete this form to the best of your ability. Only fill out the information that pertains to your project (place an X in the column marked 'Does this pertain to my project?').

INCOME:

ITEM	PRICE PER ITEM	ESTIMATED NUMBER OF ITEMS	INCOME	DOES THIS PERTAIN TO MY EVENT?
Ticket Sales*				
Drawing Sales				
Drawing Profit				
T-shirt/Product Sales				
Food/Beverage Sales				
Sponsors				
Tribute Book				
Other (please list)				
			TOTAL:	

***A good rule of thumb is to double the price of food for ticket sales (ex. If the food costs \$50/person, tickets should cost \$100/person.)**

COSTS:

ITEM	PRICE PER ITEM	ESTIMATED NUMBER OF ITEMS	COST/VALUE IF DONATED	DOES THIS PERTAIN TO MY EVENT?
Contract Fees (venue)				
Equipment Rental (tables, chairs, etc.)				
Food/Beverage (am I serving a meal?)				
Photographer				
Tax				
Gratuities				
General Supplies (paper goods, holders for drawing items, etc.)				
Prizes				
Printing/Publicity (flyers, invitations, thank you notes, tickets, sponsor packets, etc.)				
Decorations (flowers, balloons, centerpieces, etc.)				
Entertainment (DJ, etc.)				
Postage				
Sponsor Signage				
Permits/Licenses				
Insurance				
Other (please list)				
			TOTAL:	

QUESTIONS TO ASK YOURSELF:

Am I making a profit? YES NO

What can I do to reduce my costs and increase my profit?

Do I require any licenses or permits (i.e. drawing, casino night, etc.)? YES NO

How many people do I anticipate will be on my event committee? _____

Am I going to purchase insurance for this event (i.e. for a hole in one prize of a car for a golf event)? YES NO