

# STUDENT GOVERNMENT ASSOCIATION FUNDRAISING PROPOSAL FORM



## FUNDRAISING PROPOSAL

Name of Club/Organization: \_\_\_\_\_

Officer Responsible for Organizing the Fundraising: \_\_\_\_\_

Role within the Club/Org:  President  Vice-President  Treasurer  Secretary  
 Senator  Member  Advisor

Location/Home Campus of Club/Organization?  Malone  Saranac Lake  Ticonderoga

Classification of Club/Organization:  Academic  Cultural  Service  Social  CAB  SGA

Dates Requested to Fundraise: Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location Requested: \_\_\_\_\_

Type Of fundraiser:  Sales (Bake, Candle, etc.)  Donation of Goods  Donation of Services  
 Other: \_\_\_\_\_

DETAILED DESCRIPTION OF FUNDRAISING ACTIVITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEEDS TO BE USED FOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is responsible for collecting and submitting the collected funds, along with paperwork to the SGA Advisor and the North Country Community College Association?

Advisor  Organizing Officer  Other: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Approved by SGA:  YES  NO

Date of Decision: \_\_\_\_\_