

# Application for Approval Special Olympics Maine-Area/Local Fundraising Project

Person in Charge of Project \_\_\_\_\_

SO Team Name \_\_\_\_\_ Area/County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_ Fax # \_\_\_\_\_

Project Name \_\_\_\_\_

Date(s) of Project \_\_\_\_\_ Location of Project \_\_\_\_\_

Did you receive a request for proof (or certificate) of Insurance?    yes \_\_\_\_\_    no \_\_\_\_\_

**Description of Project:**

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Number of year's project has been conducted \_\_\_\_\_

Do you intend to conduct this project next year? \_\_\_\_\_

Targeted amount of money for project? \$ \_\_\_\_\_ Estimated man-hour project will require? \_\_\_\_\_

Is a promoter or outside fundraising firm involved?    Yes \_\_\_    No \_\_\_    \*If yes, did you sign a contract?    Yes \_\_\_    No \_\_\_    (Please include copy of contract with this application.)

Date application is being submitted \_\_\_\_\_

*Note to person in charge of project: any/all funds raised in this project (and all funds raised in the name of Special Olympics Maine) must be properly deposited in your Area account, through your Area treasurer, under your agency's name. This process is mandated by the SOME state office and our 501c-3 non-profit status.*

**(Please fax completed Application back to SOME at 1-888-490-0672) THANKS!**

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### *Office Use Only*

Date Received \_\_\_\_\_ by \_\_\_\_\_

Approved    \_\_\_Yes    \_\_\_No                      Date Approved \_\_\_\_\_

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