



# SPECIAL OLYMPICS MONTANA, INC. FUND RAISING APPROVAL FORM



All local and area fund raising projects must be pre-approved by the SOMT state office 60 days prior to the beginning of the project. Please fill out the following form completely, submit the original copy to the SOMT state office, and retain a copy for your records. Special Olympics Montana will notify you with an approval or advise you of the reason for rejection within 2 weeks of receipt of this application. When this application is approved, applicant is granted permission to use the SOMT logo, which must be used in association with the event's promotion.

- Pre-approval must be obtained to determine if SOMT insurance coverage of the event will apply without additional premium •
- All contracts required to organize the event must be signed by the President of SOMT (Please see SOMT contract policy) •
- Volunteers must have current SOMT Volunteer Application forms on file with the SOMT state office •

Name of Area or Local Program: \_\_\_\_\_  
 Project Coordinator's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: home \_\_\_\_\_ work: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Fund Raising Project Name: \_\_\_\_\_  
 Description of Project: : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Event Date(s): \_\_\_\_\_

List of Sponsors to be solicited and the amount of request for each:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Expected Revenue: \_\_\_\_\_ Expected Expenses: \_\_\_\_\_ Net Revenue: \_\_\_\_\_

Revenue to: (check all that apply) \_\_\_\_\_ Local Program \_\_\_\_\_ Area \_\_\_\_\_ Chapter.

Who will be responsible for handling funds at event?  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Project Coordinator)

### Please attach a copy of all promotional material.

This application does not grant standing approval for fund raising projects. A separate application of approval must be submitted each time a project is planned.

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 [SOMT Staff]

Special Olympics Montana is a non profit 501(c)3 organization serving the needs of people with mental retardation through state-wide, year round sports and training opportunities. Special Olympics Montana's Tax ID # 81-0367064

Signed copy will be returned to Area Director/AMT and/or Local Program

Send copy to: **Special Olympics Montana, Field Service Department, P.O. Box 3507, Great Falls, MT 59403**  
**(406) 216-5327 or 1-800-242-6876.**