

**PARKVILLE RECREATION COUNCIL, INC.**  
**FUNDRAISING PROPOSAL FORM**

COUNCIL ACTIVITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

DATE AND TIME OF FUNDRAISER:

LOCATION OF FUNDRAISER:

NAME OF ORGANIZATION YOU ARE WORKING WITH TO DO FUNDRAISER (IF ANY):

DESCRIPTION OF FUNDRAISER: (Use the back of the form if necessary)

**FINANCES**

HOW WILL YOUR PROGRAM BE PAID: (CHECK, CASH OR CREDIT CARD)

PAYMENT WILL BE MADE TO PROGRAM BY: (DATE)

WHAT ARE THE PROJECTED EXPENSES (DESCRIBE & AMOUNT):

HOW MUCH DOES THE PROGRAM PLAN TO PROFIT:

ARE ANY VOLUNTEERS BEING PAID AND WHAT RATE:

HOW IS THE MONEY BEING COLLECTED BY VOLUNTEERS HANDLED:

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*This form must be submitted 45 days before the date of your fundraiser for approval.

**Vendors must provide certificate of insurance no later than 2 weeks after approval. Certificate of insurance must be for at least \$1million of liability insurance and \$2 million in the aggregate. Insurance must name the following as certificate holder: Baltimore County MD A body corporate and politic Courthouse 2nd Floor Towson MD 21204**

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APPROVED OR DENIED BY PRC EXECUTIVE BOARD MEMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_