



Southeastern Louisiana University

Southeastern Fundraising Proposal Form

To begin your resource development idea, please complete this form and return it to the Office for University Advancement. If you have any questions please feel free to contact us at 985-543-2239 or email sdf@selu.edu.

Name _____

Title _____ Department _____

Phone # _____ Email _____

Name of Project: _____

1. What is the intent or mission of your project and your organization (if applicable)?

2. Is this an ongoing/annual or one-time appeal?

___ ongoing/annual ___ one-time (start date: _____ end date: _____)

3. What offices or organizations or offices (on or off-campus) are involved/working on this project?

4. How much do you expect to raise?

\$ _____ per year or \$ _____ total

5. How much do you expect to expend in order to raise the amount projected?

\$ _____

6. Will you need University funds and resources in order to execute you plan?

___ **Yes** (please describe on separate sheet) ___ **No**

7. Who do you expect to solicit for resources (e.g. foundations, alumni, community members, etc...)?

8. How do you plan to solicit donors?

direct mail personal visits, calls, and letters phonathon
 webpage events

9. What brochures, promotions, advertising or other resources do you plan to use?

10. Are you setting any giving levels (i.e. Gold club \$1,000, Green Club \$500)? If so please list below. Please also list any benefits or gifts you plan to offer to donors.

Level Name	Gift \$ Amount	Benefits	Total \$ value of benefits

11. Please describe any fundraising events that you plan to hold and the tentative dates.

12. What other sources of revenue do you plan to secure for your project?

____ Grants ____ Auctions ____ Raffles* ____ Sale of Advertising
 ____ Sale of items (please describe on separate sheet) ____ Other: _____

**Raffle guidelines are established by the Louisiana Office of Charitable Gaming. Additional paper work may be required.*

13. Please list Advertising options below:

Ad Description	Estimated # of viewings	Publication frequency	Cost

**14. Are there any other details or additional notes or plans that you haven't listed yet?
 Please do so below:**

15. Required Signatures:

 Program / Department Head

 Signature/Date

 Dean/Administrative Head

 Signature/Date

 Division Vice President

 Signature/Date