NORTHLAND
COMMUNITY & TECHNICAL COLLEGE

Fund Raiser Request Form

☐ East Grand Forks ☐ Thief River Falls

Club/Organization/Team

Fund Raiser Title

Date (s) **Time** **Contact Name**

Location

____ **On Campus** **(Describe specific location below)**

____ **Off Campus** **(See note below for information that must be submitted, plus describe travel arrangements in space provided)**

If off campus, indicate location (City, State or Country) _____

Please check for required documents:

- Requests for fund raisers must be approved prior to conducting the Fund Raiser.
- Attach a detailed description of the Fund Raiser. (Include who, what, when, where, and why)
- Include a detailed description of how the revenue or resources associated with the Fund Raiser will be spent.
- Attach a copy of purpose or mission of organization which describes fund raising is an approved activity of the group.
- Waiver of Liability forms must be completed for all off campus travel and other applicable events.
- If traveling out of MN, Student Out-of-State Travel form must be completed and attached listing student participants which require the approval of the College President.
- If fund raiser involves food, Special Expense form must be completed prior to encumbrance.
- NCTC policies are applicable during on and off campus Fund Raisers.
- Participation of a college representative maybe required depending on the nature of the event.
- Contact the Foundation prior to making direct asks to businesses.
- If conducting a bake sale, see policy 8030 Fund Raising for details.
- If selling items for fund raiser, must obtain approval from the Chief Financial Officer.
- If using college logo or likeness, must obtain approval from the **marketing director**. _____ (initial, date)

Special Equipment/Set-Up Requirements

_____ Student Senate Advisor Date

☐ Check to add to "Northland Now"

_____ Dean of Student Affairs or Director of Athletics Date

_____ Dean of Academic Affairs (Field Trips only) Date

_____ Chief Financial Officer (If applicable) Date

_____ Facilities Director (On Campus Activity) Date

_____ Food Service (On Campus Activity) Date

_____ Club/Organization/Team Advisor Date

_____ Marketing Director (If applicable) Date

Please submit completed form and any required documents to: EGF Campus - Reception Desk **TRF Campus** – Office 451

College representatives are expected to do their best due diligence to ensure a safe and educational experience.

For Internal Use Only

☐ Place event information on TV Monitors. (Develop powerpoint slide and send to marketing director to post.)

☐ Email event information to Students and Employees. (Furnish a summary of event to front receptionist (EGF) or Jason Pangiarella (TRF)

☐ PDF copies to: Facilities Director (On Campus Events only) ☐ PDF completed top sheet to: Supervising Dean

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