



**FUNDRAISING EVENT or PROJECT and LOGO USE REQUEST AND PROCEDURES**

This form shall be completed and submitted to the Special Olympics Ohio (SOOH) state office no fewer than 60 days prior to the beginning of a fundraising event or project or prior to using any Special Olympics/Special Olympics Ohio logos.

For Logo Use Approval, complete items 1-4, sign and attach artwork showing the proposed use of the logo and/or the words Special Olympics/Special Olympics Ohio.

For Fundraising Event or Project Approval, complete all of the items. **The Fundraising Approval Form is to be submitted directly to the state office for any fundraiser that will be advertised.**

**Fundraising Procedures and Considerations**

All fundraising programs that generate money for Special Olympics are subject to the provisions for fundraising as outlined in the Special Olympics General Rules and the following provision:

- Special Olympics, Inc. has a strict policy prohibiting the association with tobacco and alcoholic beverages.

Please send completed form to:

Kate Burdett

[kburdett@sooh.org](mailto:kburdett@sooh.org)

Fax: 614.239.1873

3303 Winchester Pike

Columbus, OH 43232

1. Date Submitted \_\_\_\_\_
2. Name or Designation of Project \_\_\_\_\_
4. Give a complete description of event/project/logo use: \_\_\_\_\_  
\_\_\_\_\_  
*(attach appropriate description, contract, artwork, promotional material, etc.)*
5. Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
6. Who will actually be directing the project? \_\_\_\_\_  
Phone: \_\_\_\_\_
7. Target Group or Audience: \_\_\_\_\_
8. Revenue Projection: \_\_\_\_\_
  - A. Target amount to be raised (gross): \_\_\_\_\_
  - B. Anticipated direct project expenses: \_\_\_\_\_
  - C. Net Income (A-B) \_\_\_\_\_
  - D. Percent Return (C-A) \_\_\_\_\_

**\* Note: Percent return should be greater than 50% for the project to be considered financially viable.**
9. Describe how funds will be accounted for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Will a representative of your organization be directly involved in accounting for funds raised? \_\_\_\_\_  
If no, who will account for the funds? \_\_\_\_\_  
Phone: \_\_\_\_\_

11. Will the Special Olympics or Special Olympics Ohio name and/or logo be used to publicize the project?

*If so, attach a copy of any announcement, promotional material, TV spot, radio spot, display material, etc., showing how the Special Olympics/ Special Olympics Ohio name and/or logo will be used.*

12. Does the project conform to Ohio law and to the philosophy of the organization?

**NOTE: This is a one-time approval. If the event is repeated, a separate approval shall be required. The state office must receive this form at least 60 days prior to the proposed event or project starting date or use of the logo.**

\_\_\_\_\_  
Event/Project Coordinator *(print)*

\_\_\_\_\_  
Event/Project Coordinator *(sign)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
SOOH Director of Marketing *(print)*

\_\_\_\_\_  
SOOH Director of Marketing *(sign)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
SOOH VP of Marketing & Development *(print)*

\_\_\_\_\_  
SOOH VP of Marketing & Development *(sign)*

\_\_\_\_\_  
Date