

# PRE – Planning/Request for Fund Raising Event

Please complete & return to the State Office at least 4 weeks *prior* to event.

Name of Fund Raising Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

How will SOMI receive the money? (Please circle)

multiple checks from donors

one check from an organizing group

Will the proceeds be deposited by the state office or locally by region or area? \_\_\_\_\_

If not deposited by state office, what area(s) will be making deposits? \_\_\_\_\_

Are the donors paying a registration fee?    Yes                      No

Are the donors receiving anything in exchange for their money? (i.e. greens fees, meal, shirt, bag.)

Yes

No

If yes, what is the *Fair Market Value* of those items? This is not the amount SOMI is paying, but the amount that an average person would pay for the same item at a store. For example, if SOMI is receiving a break on the cost of greens fees at a golf outing, that is not the value. The actual *Fair Market Value* is what that person would pay on any other day for the same product when not associated with the SOMI event. Include a description of those items: \_\_\_\_\_

\_\_\_\_\_

List any vendors you'll use for this event \_\_\_\_\_

Is this a Regional or State Event? \_\_\_\_\_

Will there be SOMI expenses associated with this event? \_\_\_\_\_ Expected cost: \_\_\_\_\_

Will you need a Profit & Loss (Revenue/Expense) Report for this event? \_\_\_\_\_

Primary SOMI contact name for this event: \_\_\_\_\_

Approved Y/N \_\_\_\_\_ Area Director \_\_\_\_\_ Date: \_\_\_\_\_

Approved Y/N \_\_\_\_\_ Regional Manager \_\_\_\_\_ Date: \_\_\_\_\_

-----To Be Completed by Accounting Department-----

FE Project ID: \_\_\_\_\_

RE Fund Description: \_\_\_\_\_

FE Project Description: \_\_\_\_\_

RE Appeal Code: \_\_\_\_\_

RE Fund ID: \_\_\_\_\_

**AREA FUNDS  
SPECIAL OLYMPICS MICHIGAN  
FUND RAISER PROFIT SHEET**

This report is to be returned to the Area Director and state office **AT THE END OF EVERY FUNDRAISING EVENT** regardless if the fund raiser includes inventory.

Date(s) of Sale \_\_\_\_\_  
Name of activity \_\_\_\_\_  
Funds deposited to \_\_\_\_\_

Gross Sales (money taken in) \_\_\_\_\_  
Less sales tax (if applicable) \_\_\_\_\_  
Net Sales \_\_\_\_\_

Invoice # \_\_\_\_\_  
Invoices for Product \_\_\_\_\_  
Invoice date/amount/vendor \_\_\_\_\_  
Invoice date/amount/vendor \_\_\_\_\_  
Invoice date/amount/vendor \_\_\_\_\_

Total cost of Product \_\_\_\_\_  
Net Profit Deposited\*\* \_\_\_\_\_

(Net sales subtract total cost of product)

\*\* This figure should equal total amount deposited.

Explanation of variances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Area representative signature \_\_\_\_\_

Date sent to state office \_\_\_\_\_

# MERCHANDISE SALES PROFIT AND LOSS REPORT

(Use this form for product box sales where the price is the same per item sold and the product is shipped before the sale)

THIS REPORT IS TO BE RETURNED TO THE AREA DIRECTOR AND STATE OFFICE AT THE END OF THE FUND RAISING EVENT. THE END OF THE EVENT WILL COINCIDE WITH THE FINAL DEPOSIT.

**\*\*Turn this form in if your event includes inventory such as flowers, shirts, ornaments, concession items, calendars or notecards.**

Area \_\_\_\_\_ Period of Sale \_\_\_\_\_

Item(s) Sold \_\_\_\_\_

Cost Price \$ \_\_\_\_\_ Selling price \$ \_\_\_\_\_

	<u>QUANTITY</u>	<u>SELLING PRICE</u>	<u>DOLLAR VALUE</u>
Beginning Inventory at Cost	_____	_____	\$ _____
Plus any Purchases at Cost	_____	_____	\$ _____
Less returns at Cost	_____	_____	\$ _____
Adjustments (at cost) free goods, etc. _____	_____	_____	\$ _____
Less ending Inventory at Cost	_____	_____	\$ _____
Available for sale at Cost*	_____	_____	\$ _____
Projected sales at Selling price*	_____	_____	\$ _____
Deposited sales total project	_____	_____	\$ _____
Variance (over) short	_____	_____	\$ _____

\*These two quantity amounts should be the same.

Explanation of Variances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation of vendor bonus programs (cash back for volume sales, free products, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

