



**Fundraising Projects  
Benefiting The University of Texas Medical Branch (UTMB Health)**

**Proposal Form**

Project Name: \_\_\_\_\_

Department/group/company planning the project: \_\_\_\_\_

Organizer Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Description of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

Date Proposed: \_\_\_\_\_ Will this be an annual project? \_\_\_\_\_

**Please attach a project calendar/timeline to this proposal form.**

Location Proposed: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_ Is the event: Open to the Public? By invitation only?  
(please circle)

Anticipated Gross Revenue: \_\_\_\_\_ Anticipated Net Revenue: \_\_\_\_\_

**Please attach copy of proposed budget by completing the Fundraising Projects Benefiting UTMB Budget Worksheet.**

I agree that the UTMB Development Office will receive all cash/checks from the event on a daily basis per Section 6 of UTMB's Institutional Handbook of Operating Procedures (IHOP).

Yes No  
(please circle)

I have reviewed all applicable fundraising policies in IHOP, Section 6 and agree to abide by these policies.

Yes No  
(please circle)

Will the University President be invited?

Yes No  
(please circle)

Will the President's spouse be invited?

Yes No  
(please circle)

Are you requesting participation of the University President or spouse (i.e. remarks, etc.)?

Yes No  
(please circle)

**Please attach your proposed plan for promoting this event.**

Please attach samples of all proposed promotional materials/sponsorship letters, etc. to this proposal form. If these are not yet developed, remember that any related print or electronic communications that mention the UTMB or UTMB Health name, and/or which use the UTMB Health logo, must be reviewed and approved by Marketing and Communications before distribution. Remember to allow time for revisions and additional approvals.

Be sure to define the event's fundraising purpose in your communication/promotion plan.

Method of fundraising (example: sponsorships, ticket sales, auction, etc.)\_\_\_\_\_

**Please contact the Development Services Office to determine donation payment methods to be used and where donations will be sent: develsrv@utmb.edu or (409)772-5136.**

**Please submit a proposed mailing list/potential sponsorship list to the Development Office by attaching it to this proposal. You may also submit this list in electronic format via email to the Development Office at: development@utmb.edu.**

Will UTMB Health be the sole recipient of the funds raised? If not, please name the other recipients and specify the percentages for each. (UTMB Health must be at least a 50 percent beneficiary.)\_\_\_\_\_

How do you want the funds to be distributed within UTMB Health? (Unrestricted or restricted to): \_\_\_\_\_

Is there an established Chart Field String (CFS)? \_\_\_\_\_ Yes No  
(please circle)

Has a UTMB Health department or faculty member agreed to help? \_\_\_\_\_ Yes No  
(please circle)

If yes, please list the department name and/or the names of faculty along with their responsibilities: \_\_\_\_\_

\_\_\_\_\_

Will the department be responsible for any upfront expenses/deposits? \_\_\_\_\_ Yes No  
(please circle)

If yes, please list these expenses/deposits and the amount of each one: \_\_\_\_\_

\_\_\_\_\_

Are there allocated funds to cover these expenses? \_\_\_\_\_ Yes No  
(please circle)

Do you anticipate needing the assistance of University Conferences and Events staff? \_\_\_\_\_ Yes No  
(please circle)

If yes, what are your expectations? \_\_\_\_\_

\_\_\_\_\_

How will volunteers be used? \_\_\_\_\_

\_\_\_\_\_

*If approved, please contact University Conferences and Events at (409) 747-6733 or [lkrca@utmb.edu](mailto:lkrca@utmb.edu) for event coordination and assistance.*

**Please return this completed form with signatures requested below to the Office of the Vice President & Chief Development Officer by e-mailing it to: [development@utmb.edu](mailto:development@utmb.edu). You may also send a hard copy of the application to: If you have any questions, please call: (409) 772-1991.**

