

**FUNDRAISING PLANNING FORM**

Department/Organization Requesting Funding: \_\_\_\_\_

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

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

Recipient of support: \_\_\_\_\_

Purpose of support: \_\_\_\_\_

How project relates to strategic initiatives: \_\_\_\_\_

Total cost of project/program: \_\_\_\_\_

Timeline: \_\_\_\_\_

Targeted prospects: \_\_\_\_\_

Number of students, faculty and/or staff to benefit: \_\_\_\_\_

Additional sources of funding if goals are not met: \_\_\_\_\_

Outcomes to be achieved: \_\_\_\_\_

Signature of Contact: \_\_\_\_\_