EXHIBIT 1-A

BRAF Fundraising Activity Form

Event Name: _____ Event Date: _____

Fund Name: _____

Fundraising Coordinator Name: Preferred Contact Information:

_____ _____

Description of Event:

_____

How will the event be marketed? (Please attach promotional materials, i.e., brochures, tickets.)

_____

Does the event location provide liability insurance? Yes ☐ No ☐

If not, have you secured liability insurance from an external vendor? Yes ☐ No ☐

PROJECTED EVENT BUDGET SUMMARY

REVENUES

Ticket Sales

_____ x _____ = _____
Price Attendees

Other Revenue:

_____ _____

_____ _____

_____ _____

- -

Total projected revenue: _____

EXPENSES

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

- -

Total expenses projected: _____

PROJECTED NET REVENUE (Total Revenue - Total Expenses) = _____

EXHIBIT 1-A

BRAF Fundraising Activity Form

Please list the goods/services donors will receive in return for their ticket purchase or sponsorship contributions and the fair market value of those items, regardless of whether such goods or services were donated for the Event. Attach another page if necessary.

SPONSORSHIP/TICKET LEVEL	ITEMS/BENEFITS INCLUDED	FAIR MARKET VALUE
Ex. Attendee Ticket	Meal	$25
Ex. Gold Sponsor	10 meals, swag bag, media	$750

Fundraising Coordinator Signature: _____

Internal Use Only
BRAF Signature: _____