Special Olympics Florida

Law Enforcement Torch Run

Fund Raising Project Authorization

Name of Project _____

Contact Person For Project_____

County _____

Did the County Help with Event? (Yes or No)_____

Agency Coordinator _____

Agency Coordinator's Address _____

Starting Date _____ **Ending Date** _____

Target Group/Audience _____

Estimate of Gross Amount To Be Raised	**$**	_____
Estimate of Expenses	**$**	_____
Estimate of Net Amount To Be Raised	**$**	_____
% of Net Amount To County Special Olympics	**$**	_____

Will the Special Olympics name and/or logo be used? ❒ **Yes** ❒ **No**
(If so, please send a completed "Use of Special Olympics Logo" form to the V.P. of Public Relations. To the " Use of Special Olympics Logo" form, attach a copy of any announcement, promotional material, TV/radio copy, etc. showing how the Special Olympics name/logo will be used.)

Does the project conform to the laws and regulations of state or county? ❒ **Yes** ❒ **No**
(Are permits, etc. required?) ❒ **Yes** ❒ **No** **If Yes, Which?** _____

Is this activity being conducted with/for Special Olympics by another group/association/corporation? ❒ **Yes** ❒ **No**

If yes, name of group/association/corporation _____
Will alcoholic beverages be served / sold? ❒ **Yes** ❒ **No** **If yes, please explain**
(Recognition of alcohol and tobacco companies, at any Special Olympics event, is not permissible. See General Rules.)
_____

PRIMARY CORPORATE SPONSORS

	Company/Organization	**Contribution Level (Cash or In-Kind)**
1)	_____	
2)	_____	
3)	_____	

(Over)

Describe the project and how it will be carried out:

_____

_____

_____

_____

Submitted by: _____ **Date:** _____

Position _____ **Phone: ( ) _____**

Fax: ( ) _____

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1. **Failure to submit this form for proper authorization could affect your agency's participation in fundraising events.**
2. **Upon completion of this project a "Summary of Fund Raising Activity" form must be completed and forwarded to the State Office.**
3. **This is a one time approval. If a project is repeated, a separate application must be submitted.**
4. **Upon arrival, a signed copy of this authorization will be returned to the applicant.**
5. **Copies of the letter of agreement or contracts must be submitted unsigned with this application. Authorization to sign letters of agreement or contracts is dependent upon approval of the project by Special Olympics Florida.**
6. **Mail of Fax this completed form to:** Ken Roop, LETR Director
   kenroop@sofl.org
   352-243-9568 (fax)

If you have any questions, please call 813-508-6905 (cell)

For State Use:

Approved By _____ **Date** _____

A LETR Fund Raising Project Summary Will Be Required Upon The Completion Of This Project. ____YES ____NO
