Los Angeles General Medical Center

Request for Approval of Fund-Raising Event

Date: _____

Date of event: _____Time: _____Location: _____

Name of contact person (s): _____Tel.: _____Department: _____

Email: _____

Name of group/organization/department or individual sponsoring the event: _____

Purpose of event: _____

Benefit to the Medical Center and or patients: _____

_____

How will the profits from the event be used?

_____

_____

1. Is the sponsoring group/organization/department Los Angeles General Medical Center employee organization? Yes _____No_____

2. If no, is the organization a County Sponsored Charitable Organization Yes _____No_____

3. Are outside vendors involved? Yes _____No_____
   If yes, provide a copy of each Vendor Agreement (Attachment III).

4. Are Los Angeles General employees involved in setting up, cleaning up, staffing, marketing, etc.? Yes _____No_____
   If yes, complete the attached Form I-A.

5. Any requests for services required from Los Angeles General Departments? Yes _____No_____
   If yes, complete the attached Form I-B.

_____ _____ _____

Signature group/organization representative (Print) Name Phone #

SIGNATURE OF APPROVAL

_____

Public Information Officer

APPROVED FUND-RAISING FORM MUST BE DISPLAY IN A PROMINENT LOCATION DURING THE EVENT

Attachment I-A

REQUEST FOR APPROVAL OF FUND-RAISING EVENT
EMPLOYEE INVOLVEMENT FORM I-A

Employee Name/Phone #	Department	Indicate Involvement (Set-up, clean up, marketing, staffing, etc)	Estimated # Of hours spend county/own time

Attachment I-B

REQUEST FOR APPROVAL OF FUND-RAISING EVENT
SERVICE REQUEST FORM I-B

Type of Service	Department	Employee Name/Title & Ph. #	Estimated # Of hours spend county/own time