



Grassroots Event/Activity Endorsement Request Form

The purpose of this form is to provide Child & Family Service (CFS) with as much detail as possible to determine if your proposed event or activity will be endorsed. Endorsement and partnership decisions are made based upon the CFS mission, policies and guidelines related to clients being served, the timing of the activity, and the availability of appropriate staff support.

CONTACT INFORMATION

Today's Date _____

Primary Contact Name _____ Title/Position _____

Company/Organization Name (if applicable) _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____ Work Phone (____) _____

Email _____ Mobile Phone (____) _____

Website _____

Facebook / _____ Twitter @ _____ Instagram @ _____

EVENT INFORMATION

How did you hear about Child & Family Service? Newspaper Newsletter Fundraiser Other _____

Proposed Event Title/Type _____ Proposed Date & Time _____

Event/Activity Description _____

Objective (s) of event: Raise funds for CFS Mentorship Increase Awareness of CFS
 Volunteer/Professional Service(s) Host activity for clients Other _____

Event Location _____ Time/Duration of Event _____

CFS Role (describe expectation/needs from CFS) _____

Target Audience _____ Cost of Event/Activity _____ Expected Outcome _____

Area of Focus/Interest (youth; keiki; families; elderly; education; domestic violence; etc.) _____

FOR OFFICE USE ONLY

CFS Contact _____ Department _____

Title _____ Phone _____ Email _____

APPROVED Date _____ Action Steps _____ Endorsement Letter

NOT APPROVED Date _____ Reason _____

PENDING Date _____ Reason _____

Program Contact & Feedback _____