ACTIVITY ENDORSEMENT (GRASSROOTS) 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.

Today’s Date ____________________________

Primary Contact Name_________________________________________ Title/Position_________________________________________

(Person Coordinating Activity)

Company/Organization Name (if applicable) ____________________________

Address __________________________________________________________

City ____________________________ State____ Zip___________ Preferred Phone ( ____ ) ___________

Email ___________________________________________________________ Web Address ____________________________

How did you hear about Child & Family Service?  ○ Newspaper  ○ Newsletter  ○ Friend  ○ Fundraiser  ○ Other ____________

Proposed Event Title/Type: __________________________________________ Proposed Date (&Time Frame):___________________

Objective(s):

○ Raise Funds for CFS  ○ Holiday Gift Collection  ○ Increase Awareness of CFS

○ Wish list Collections  ○ Host activity for clients  ○ Volunteer/Professional Service(s)

○ Other ____________________________

Event/Activity Description: __________________________________________

__________________________________________________________________________

Event Location________________________________________ Time/Duration of Event____________________

CFS Support (describe expectation/needs from CFS) ____________________________________________

Area of Focus/Interest (youth; keiki; families; kupuna; education; domestic violence, etc.)________________________

For Office Use Only

CFS Staff ___________________________________ Department __________________________

Title ____________________________ Phone_____________ Email____________________

Approved (date) ___________ Action Steps________________________________________

Endorsement Letter mailed/mailed on __________________________ (date)

Not Approved (date & reason) __________________________ Pending (date & reason) __________________________

Program Contact & Feedback________________________________________