



# Child & Family

S E R V I C E

A private nonprofit serving Hawai'i since 1899

Office of Advancement

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## 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.

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/emailed on \_\_\_\_\_ (date)

Not Approved (date & reason) \_\_\_\_\_ Pending (date & reason) \_\_\_\_\_

Program Contact & Feedback \_\_\_\_\_