

Community Service & Philanthropy Project Form

SUU Greek Life

OFFICE USE ONLY

Date Received: _____

Received By: _____

Chapter Information

Fraternity/Sorority Name: _____ Contact Person: _____

Contact E-mail: _____ Phone: _____

Project Information & Description

Title of Event: _____ Location of Event: _____

Type of Event: Community Service (Hands-On) Philanthropy (Fundraising & Donations)

Beneficiary: _____ Date(s) of Event: _____

Description of Event: _____

Is this project being completed as a part of another organization's philanthropic event? Yes No

If yes, which organization(s) is sponsoring the project? _____

Philanthropy/Donation Information

Calculating Philanthropy Fundraising:

- Sponsor gets full credit for all money **donated** (money raised minus expenses) to the philanthropic cause. Organizations making financial donations to another group's philanthropy do NOT get credit.

Total Amount of Money **Raised** on behalf of benefiting organization: _____

Total Amount of Money **Spent** by chapter to put on project (PR, Facilities, etc.): _____

CHAPTER'S TOTAL MONETARY DONATION: _____

Adopted with Modifications with permission from University of Nevada Las Vegas
August 2009

Calculating Philanthropy Donations:

- Sponsoring organization gets full credit for all material goods **donated** to the philanthropic cause. Organizations making material donations to another organization's philanthropy do NOT get credit.

Examples: 1,000 items of food collected by XΦ= credit for XΦ
75 items of food collected by ΔΨΩ for ΣN philanthropy= no credit for ΔΨΩ
5 members of ΑΦ donate blood during campus sponsored blood drive= credit for ΑΦ
236 people donate blood during ΣX sponsored blood drive= credit for ΣX

CHAPTER'S TOTAL MATERIAL GOODS DONATION: _____

Service Hours Information

Calculating Community Service (Hands On) Hours:

- One member performing one hour of hands on community service work = 1 service hour
Examples: working in nursing home, staffing crisis center phone hotlines, highway litter pickup, hospital volunteer, tutoring, Big Brothers/Sisters, staffing an educational booth, educational literature distribution, etc.

Number of Active Members Participating: _____ X Number of Hours Served: _____ = _____ Service Hours

Number of New Members Participating: _____ X Number of Hours Served: _____ = _____ Service Hours

CHAPTER'S TOTAL HOURS COMPLETED = _____ Service Hours

Participating Member Information (Attach additional sheets if necessary)

Name (Last, First)	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Project Verification

Please attach a letter of verification documenting the number of hours served, amount of money raised, and/or number of material goods donated. This should be from the benefiting organization and must include a phone number or email address where the project supervisor can be reached.

Please make sure you acquire all necessary signatures from your chapter officers and advisor before completing this form.

Chapter President Signature: _____ Date: _____

Chapter Philanthropy/Service Chair Signature: _____ Date: _____

Chapter Advisor Signature: _____ Date: _____

This form is to be submitted to the Office of Student Involvement and Leadership, SSC 177, within ten (10) business days of completing the service project or philanthropy event.