



**Paces Sheffield**  
**Fundraising Proposal**

<b>Name of Person/ Group or Company undertaking the activity/event</b>
<b>Named person (person responsible for leading on activity/event)</b>
<b>Preferred method of contact (please complete accordingly)</b>
Email address:  Tel. No.  Mobile No.  Postal address:
<b>Title of fundraising activity / event</b>
<b>Method of fundraising (collection, raffle, appeal, etc.)</b>
<b>Date of fundraising activity/ event</b>
<b>Location of fundraising activity/event</b>
<b>Total amount to be raised (if known) and what is the money being raised for</b>
<b>Proposed timescale for raising total amount</b>

<b>Cost of activity/event if any</b>
<b>Named person to undertake risk assessment (where required)</b>
<b>Named person to ensure that insurance/licencing requirements are met</b>

If you would like assistance filling in this form, please contact

**Natalie Yarrow**

[natalieyarrow@pacessheffield.org.uk](mailto:natalieyarrow@pacessheffield.org.uk) or Telephone 0114 284 4488 Ext. 209

**Signature of named person for responsible for leading on activity/event:**

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**Date:**

.....

**Signature of Funding Coordinator**

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**Date:**

.....

**Please return completed form to the Funding Team**

Paces Sheffield  
 Pack Horse Lane  
 High Green  
 Sheffield  
 S35 3HY