

<b>RESOURCE GENERATION PROPOSAL AND APPROVAL FORM</b>			
Project Proponent:		Date of Submission:	
Position / Course and Year		Landline/Local Number:	
1. Mobile Number		1. Email Address	
2. Mobile Number		2. Email Address	
<b>PROJECT DETAILS</b>			
Project Title:			
Type of Resource Generation Project:	<input type="checkbox"/> Special Event <input type="checkbox"/> Sales or Earned Gifts <input type="checkbox"/> Partnership / Sponsorship <input type="checkbox"/> Crowdfunding <input type="checkbox"/> Membership / Registration <input type="checkbox"/> Others: _____		
Brief Description of the Proposed Project:			
Project Implementation Details:	Date:	Time:	
	Venue:	Duration:	
Beneficiary/ies:			
Target Market/ Donors:			
<b>PRE-PRODUCTION WORK AND TIMEFRAME (Preparations made before the event)</b>			
Project Activities (List in order or Priority)		Timeframe	
<b>PROJECT FINANCIALS</b>			
List of potential sponsors (if applicable): The sponsors should be in sync with Lasallian Resource Generation Key Principles			
Sponsor Name	Cash	Kind	Service
Continues to Proposed Marketing Plan and Financial Projection			

PROPOSED MARKETING PLAN AND FINANCIAL PROJECTION					
Project Objective:					
Marketing Strategies:					
Action Plan (How to execute your strategy):					
Total Projected Expense	Expense Item	ITEM DETAILS	AMOUNT PER ITEM	NUMBER OF PCS	TOTAL AMOUNT
	Breakdown of Marketing Expense				
	1.)				
	2.)				
	3.)				
	4.)				
	5.)				
	Other Expenses				
	1.)				
	2.)				
	3.)				
	4.)				
	5.)				
	6.)				
	7.)				
Projected Expense					
Total Projected Revenue	REVENUE SOURCE (Include sponsors here)	ITEM DETAILS	AMOUNT PER ITEM	NUMBER OF PCS	TOTAL AMOUNT
	Projected Revenue				
Projected Net Income (Projected Revenue - Projected Expense)					
Projected Expense vs. Projected Revenue (Projected Revenue / Projected Expense) X 100%					

PROJECT COORDINATION AND ENDORSEMENT			
Does the Project have an existing Depository	<input type="radio"/> Yes	<input type="radio"/> No	If yes, what is the name of the Depository?
Budget Approver for Disbursement:			
Recommending Officer		Signature & Date	
Approving Authority		Signature & Date	
Reasons for deferment if deferred:			