

Date of Application: _____

FUND RAISING APPLICATION

RESURRECTION CATHOLIC PARISH

Name of Event (fund raiser)

Requested date, start & end time of event

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Organizing committee/organization:

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Contact person, e-mail address & phone number:

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Staff liaison assigned:

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Purpose of event:

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Location of event:

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Who is the primary 'audience' for event? i.e. parishioners at Mass

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Is this a continuous (more than 4 weekends in row), multiple date (2 -3 weekends), or a onetime event?

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How will proceeds be used?

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How does the event fit within the mission of the parish? (Becoming Disciples of Jesus and Stewards of God's Gifts)

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Anticipated revenue:

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| \$ |
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Anticipated Expenses (continue on separate sheet if necessary):

| Vendor name/Volunteer reimbursement | Estimated amount of expense |
|-------------------------------------|-----------------------------|
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How many volunteer hours are anticipated to make this an effective event?

What is the goal of this event? i.e. community development, raising funds for youth ministry

Are there tickets being sold? If so, for how much?

Is this a Raffle? If so, what is the price per ticket? - SEE BUSINESS MANAGER FOR MORE INSTRUCTION

Will you be soliciting prizes/gift from others? If so, please fill list solicited donors.

Will alcohol be involved? If so, how? Who will be bartending?

Is this an outside event? Will there be a band (a noise variance will need to be applied for)?

Is there a promotion plan done (see communication plan)?

FOR OFFICE USE ONLY

Date to Finance Committee: _____ Approved Not Approved
Chair of Finance Committee signature: _____ Date: _____
Pastor's signature: _____ Date: _____
If not approved – reason: _____

Fund Raising Calendar Date: _____
Financial Report sent to organizer Date: _____
Organizer update to parishioners done Date: _____
Liquor License needed Yes No Date applied for: _____
Noise variance needed: Yes No Date applied for: _____
Other permits needed: _____