

# 2017.2018 Fundraising Request Form

ST. JAMES THE APOSTLE PARISH | 480 S. PARK BLVD | GLEN ELLYN, IL 60137

FOR OFFICE USE ONLY:

DATE COMPLETED \_\_\_\_\_ BY \_\_\_\_\_

(This form is to be used BEFORE a fundraising event is scheduled, for pre-approval by the St. James Parish Council.)

All fundraising activities must first be approved by the Pastoral Council according to the Parish Fundraising Policies before publicizing or scheduling the event. In addition to completing both sides of this form, please fill out the appropriate St. James Facility Usage Request Forms for space requisition for the event and/or ticket sales.

Parish Organization: \_\_\_\_\_ Event Name: \_\_\_\_\_

Date(s) Requested for Event: \_\_\_\_\_

Place/Facility Requested: \_\_\_\_\_

Purpose for Usage/Activities Anticipated: \_\_\_\_\_

**Who Will this Activity Benefit:**

The St. James Faith Community —OR—  An Outside Organization

**If Activity Benefits St. James, Does It:**

Fund a Church Budgeted Item —OR—  Supplement a Budgeted Item

What is the Financial Goal of this Activity? (Amount of money or goods) \_\_\_\_\_

## Our Parish Mission Statement:

As members of Christ's family, through St. James the Apostle Parish, we: **Worship** the Lord by proclaiming His Word and celebrating His sacraments, **Grow** by learning more about God's loving plan for us, **Respond** to the call of Christ by sharing our talents, gifts and our love, **Reach Out** to the universal community by loving and serving our neighbors.

How Does This Activity Serve our Parish Mission? \_\_\_\_\_

Will tickets be sold as part of this event? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

Will alcohol be sold or served at this event? \_\_\_\_\_ Yes\*\* \_\_\_\_\_ No

\*If yes, please complete an additional **Facility Usage Form** requesting the **Church Narthex** for ticket sales after all weekend Masses for a maximum of two (2) weekends —AND/OR— the **Hospitality Hosting/Stage Usage Request Form** for a maximum of one (1) weekend on the stage during a Hospitality Weekend.

\*\*If yes, there are additional guidelines that need to be followed. Please contact the Ministry Center for additional information.

What are the anticipated dates for ticket sales/solicitation of goods? \_\_\_\_\_

**Event Budget  
Needed on Reverse »**

(Please note: Parish Council Policy permits a parish organization to conduct a total of 2 fundraising events in the **Church Narthex**, for a total of 2 weekends per event, per fiscal year and 1 event for a total of 1 weekend on the stage in St. James Hall on a Hospitality Weekend.)

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

# ESTIMATED EVENT INCOME/EXPENSE STATEMENT

## Estimated Event Income

Ticket Sales:	\$	_____
Merchandise Sales:	\$	_____
Fees Collected from Participants:	\$	_____
Monetary Donations:	\$	_____
*Value of In Kind Donations:	\$	_____
Other Money-Earning Activities:	\$	_____
_____:	\$	_____
_____:	\$	_____
_____:	\$	_____
_____:	\$	_____
.....		
<b>Total Income:</b>	<b>\$</b>	_____

*\*Please specify the type of in-kind donations to be received:*

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

## Estimated Event Expense

Food:	\$	_____
Beverages:	\$	_____
Decorations:	\$	_____
Awards and Prizes:	\$	_____
Advertising:	\$	_____
Copy/Printing:	\$	_____
Space Rental:	\$	_____
Equipment:	\$	_____
Postage/Mailings:	\$	_____
Other Material Costs:	\$	_____
**Other Miscellaneous Expenses:	\$	_____
_____:	\$	_____
.....		
<b>Total Expenses:</b>	<b>\$</b>	_____
.....		
<b>Ending Balance:</b>	<b>\$</b>	_____

*\*\*Please specify the type of miscellaneous expenses:*

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**The final report\* with actual amounts must be submitted to the Ministry Center within 72 hours after the event, along with any remaining funds and bills to be paid. Original receipts for all expenses must be attached.**

*\*Please refer to form entitled 2015-2016 Final Expense/Income Report*