

Dahlongega Baptist Church Fundraising Request

*Submit in advance of proposed fundraising event to Church Administrator
(see Fundraising Policies & Procedures)*

Name of Fundraising Event: _____

Project Leader _____ Phone _____ Email _____

Secondary Contact _____ Phone _____ Email _____

EVENT

Purpose and perceived benefit derived from the event:

Describe proposed event, including category and scope of audience:

Proposed Dates/Times:

FROM: _____ TO: _____
event dates

FROM: _____ TO: _____
event dates

PROPOSED LOCATION

Complete Budget Worksheet on Reverse

Board Approval: Yes _____ Approved By: _____ Date: _____
No _____ Reason for decline: _____

Copy routed to: Fin. Office _____ Church Office _____

Project Leader: _____

Dahlongega Baptist Church
Fundraising
Budget Worksheet

Name of Fundraising Event: _____

Sponsoring Group/Ministry: _____

Date(s) of Event: _____

Completed By: _____

ESTIMATED BUDGETED INCOME (e.g., ticket sales, food)	
TOTAL	\$
ESTIMATED BUDGETED EXPENSES (e.g., food, supplies, postage)	
TOTAL	\$

ANTICIPATED NET PROCEEDS: _____

Primary Beneficiary (\$ amount or %) _____

Secondary Beneficiary (\$ amount or %) _____

Third Beneficiary (\$ amount or %) _____

Dahlonge Baptist Church
Fundraising
FINAL REPORT

Name of Fundraising Event: _____
 Sponsoring Group/Ministry: _____
 Date(s) of Event: _____
 Date of Report: _____
 Completed By: _____

ACTUAL INCOME RECEIVED (e.g. list sources, tickets sales, food)	
TOTAL	\$
ACTUAL EXPENSES (e.g., food, supplies, postage)	
TOTAL	\$

Net Proceeds: _____

Please submit the completed worksheet to the Church Administrator within 30 days of completion of event.