

Shawnee Mission UU Church Fundraising Application Form

Group submitting application: _____

Fundraising Event: _____

Event Date: _____ Event Time: _____

Specific purpose for fundraiser: ___ funding church ministry (Explain) _____

___ for affiliated* group (Explain) _____

___ for church operating budget (Explain) _____

Expected funds to be raised: \$ _____ Net revenue \$ _____

Expected expenses \$ _____. Describe expenses and amounts:

How will upfront expenses be paid? _____

How will a loss on the event be covered? _____

How will money be securely handled? _____

Will the group need cash for change? _____ If so, will church provide? _____

Will child care be needed? If so, how will it be paid for?

Person(s) leading event: _____

Other persons working on event: _____

Staff help needed with event: _____

Church resources needed (e.g. paper goods, supplies): _____

Room(s) needed: _____

Who will:

(1) Unlock and lock facilities _____

(2) Set up (rearrange furniture) _____

(3) Clean and replace furniture moved after event _____

(4) Will you need staff help with facilities? If so, describe: _____

How will event be communicated to the membership? _____

Will general public attend? _____ If so, how will event be communicated in the community? _____

Will you need staff help with communications? _____ if so, please describe _____

Person completing form: _____

Contact information: email: _____ phone: _____

*An affiliated group is an external organization that is connected to the church through a current ministry of the church or is a recognized Unitarian Universalist Association organization

