*This form is REQUIRED to receive approval to schedule a fundraising event for any FBC-H Ministry support or charity benefit to be held on the FBC-H campus or when using the FBC-H name as the sponsoring organization. Refer to the Fundraising Policy in Section 8 of the Stewardship Group Policy for requirements prior to completing this form. E-mail or turn in this form to the church office at least 8 weeks prior to the date of the event.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | Sponsoring Group: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Project Leader** | **Fundraising Coordinator** | |
| Name: |  |  |
| Phone: |  |  |
| Cell/Work: |  |  |
| E-Mail: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Fundraiser** *(Check only one. See Fundraising Policy for definitions)* | | | | |
|  |  | Charity Benefit |  | **Ministry Support** |
|  | | | | |

|  |
| --- |
| What charity or ministry will benefit from the proceeds? (I.e. Haiti mission trip support, food pantry,…) |
|  |
| If the proceeds are being used for ministry support, explain how the proceeds will be distributed among participants and if there is a surplus, how these funds will be used (i.e. for future ministry support or roll into church general fund)? |
|  |

|  |  |  |
| --- | --- | --- |
| **PROPOSED EVENT INFORMATION** | | |
| **Describe Event:** | |  |
| **Date(s):** |  | | |
| **Time(s):** |  | | |
| **Event Location(s):** |  | | |

**REQUIRED ATTACHMENTS:** For a ***charity benefit***, attach the plan for promoting, organizing and managing the event, including how the funds will be collected and processed. For ***ministry support***, attach an accounting plan that is to be developed and reviewed with the church’s Financial Manager prior to seeking Stewardship Group approval.

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| --- | --- | --- | --- |
| **Stewardship Group Use Only** | | | |
| Reviewed By: |  | Date: |  |
| Approved By: |  | Date: |  |