

Second Unitarian Church of Omaha, Nebraska

Fundraising Activity Application (Rev. 6-12-2009)

TO: The Board

FROM: _____

(Name of Church committee, group, or member proposing the fundraiser)

Date Submitted: _____ Date Board Approval Needed: _____

SPONSORING INDIVIDUAL – Must be a voting member of the Second Unitarian Church of Omaha – Please Print.

Name: _____

Phone: _____ E-Mail: _____

STATEMENT: The purpose of this fundraiser will promote the mission, principles, and/or the covenants of the Second Unitarian Church of Omaha, NE. It is not in violation of the tax-exempt status of the Second Unitarian Church,

Signed: _____ Date: _____
(Signature of voting member of the Second Unitarian Church)

DURATION OF FUNDRAISER: _____
(Start Date) (End Date)

FACILITIES: Will the physical facilities of the Second Unitarian Church be used for this fundraiser?

No _____ Yes _____
(Initials) (State the section of the Church, e.g., yard, upstairs, downstairs, or parking lot)

USE OF THE FUNDS RAISED: Will the funds raised be obligated to a specific use or cause? If so, please state the use, cause, or individual. (Note: If not otherwise stated, by default, the funds will be raised for the general use of the Second Unitarian Church.)

No _____ Yes _____
(Initials) (General Fund, committee, program, individual)

HOW WILL FUNDS BE RAISED? (For example, rummage sale, bake sale, tea party)

WHAT IS INTENDED SOURCE OF FUNDS? Internal (members & friends) What percentage? _____
External What percentage? _____

IS A SPECIAL COLLECTION PLANNED DURING SUNDAY SERVICE?

Yes _____ No _____ Date of collection _____

Fundraising Activity Application (cont.)

HANDLING OF FUNDS:

1. Who will receive and account for seed money (to include a change purse)?

Name: _____

Phone: _____ E-Mail: _____

2. Who will turn the monies received (including cash and checks) over to the Church Treasurer along with identifying information within seven days of the conclusion of the activity?

Name: _____

Phone: _____ E-Mail: _____

3. Who will provide the Church Treasurer with a record of the gross receipts, disbursements, and net receipts of the activity within fourteen days of the conclusion of the activity or receipt of the bills?

Name: _____

Phone: _____ E-Mail: _____

Note: State sales tax must be collected for the sale of food and merchandise off church property. Please contact the Church Treasurer for procedures to be used to collect and report sales taxes.

ESTIMATED FINANCIAL RESULTS:

Cash Inflows _____

Cash Outflows _____

Net Cash Generated _____

ITEMS NEEDED TO PROTECT US FROM LAWSUITS:

1. Will a third party (i.e., any person or organization other than Second Unitarian Church of Omaha or its committees) realize financial gain from this fundraiser?

No _____ Yes _____
(Initials) (Who, why, how much will be received by the third party)

2. Will the Second Unitarian Church be required to make any endorsements, guarantees, or warranties as the beneficiary of the fundraiser?

No _____ Yes _____
(Initials) (Explanation: What will they be?)

APPROVAL:

Approved By: _____ Date: _____
(Chair of the Board)