## Fundraiser Request Form

Submi	itters Name: Ministry:
Date:	Phone:
1. 2. 3.	Complete Fundraiser Request Form. (Requests must be approved each year) Give one copy to the Business Administrator Give one copy to the Mission Board Representative. The Business Administrator will review with the staff and finance team for approval. She will notify requester once a decision has been made.
I.	Has the Mission Team approved this ministry? (approval of the ministry and its mission must be approved before fundraisers will be considered)
II.	What is your ministry objective (for which fundraiser is requested)? Whom will this serve? What is your purpose? Explain not only where your team is going, bu also why.
III.	Will Isle of Faith supply resources other than cash for the mission? (For example volunteers, transportation, etc.) Please describe. If volunteers will use fundraiser money, state what each volunteer will be doing during the mission. How do you determine who participates on the mission trip?
IV.	Please outline your anticipated expenses for the mission trip.

V.	What portion of these expenses, if any, are the volunteers expected to pay?			
VI.	Please explain your proposed fundraiser:			
	a.	Describe the fundraiser:		
	b.	What date(s) will you hold the fundraiser? (Note: all events must be coordinated on the church calendar through the church secretary.)		
	c.	Who is your target participant/donor? (congregation/community/other – specify)		
	d.	What Isle of Faith facilities are requested?		
	e.	What is your anticipated income from this fundraiser? Please provide an estimate of your goal even if the fundraiser is from donations.		
VII. What other sources of income will you use for your mission? (Comparing IV to VI e., how will any gap in expenses to income raised from the fundraiser be filled?)				
For Administration Use Only				
Staff A	Approva	1 (y/n) Date:		
Financ	e Team	Approval (y/n) Date:		