St. Gregory the Great Roman Catholic Parish

Fundraising Application Form

Mission Statement

We are a Catholic Parish in Prince Edward County committed to proclaiming the Good News of Jesus Christ.

Parish Vision

To foster Christian Stewardship as a "Way of Life" in which individuals more fully live their baptismal call to discipleship through intentional, planned, proportionate giving of time, talent and treasure in response to God's generosity.

In submitting this completed application form you acknowledge the following: 1) the Parish Fundraising Policy/Fundraising Procedure/Application Form govern the approval process of all fundraising requests. 2) Approval of any events requiring government licences/authorizations shall be conditional upon obtaining proper government licences/authorizations. Please contact the Parish Office at 613-476-6276 or any member of the Parish Pastoral Council for assistance.

General Information

Group: _____ Date of Application: _____

Contact Person: _____ Ph #: _____ Email:_____

Contact Person: _____ Ph #: _____ Email:_____

Fundraising via: Special Collection @ Mass ☐ Raffle/Draw ☐ Goods Sale ☐ Meal ☐ Other ☐

Details: _____

_____

_____

What date(s) will your fundraiser by held? _____

_____

If fundraiser will be held more than once, please indicate:
Weekly ☐ Monthly ☐ Ongoing ☐ Other (specify) ☐ _____

Location of Fundraiser/Event

☐ Parish: Inside/Front Entrance ☐ Outside/Front Lawn ☐ Other ☐ _____

☐ St. Gregory Catholic School: School gym only ☐ Kitchen and gym ☐ Other ☐ _____

☐ Other location: _____

When: Before Mass ☐ After Mass ☐ Collection ☐ Other ☐

Additional information: _____

People

Number of volunteers required: _____

Anticipated number of people attending: _____

Intended Audience

Who will be solicited by this fundraiser? Check all that apply

Parish Parishioners ☐	Seniors ☐	Women ☐
Residents of the community ☐	Parents ☐	Men ☐
Local Businesses ☐	Youth ☐	Boys ☐
Other (specify) _____ ☐	Children ☐	Girls ☐
	All of the above ☐	All of the above ☐

Financial Goals

Total Fundraiser/Event goal: $0-$200 ☐ $200-$500 ☐ $500-$1000 ☐ Other $ _____

Who is the Fundraiser/Event supporting ~ details of what the money is to be used for

☐ Parish ~ project/needs: _____

☐ Ministry/Group _____~ project/needs: _____

☐ Outside Organization ~ project/needs: _____

☐ Name and address of outside organization: _____

Deposit and Accountability

Two people from the Group conducting the fundraising must be designated as: (1) a funds collector and (2) a verifier. Two people shall be present when counting money and preparing deposits.

(1) Name: _____ Phone_____ Email _____

(2) Name: _____ Phone_____ Email _____

Upon conclusion of the fundraiser/event, all monies/cheques shall be counted; placed in an envelope with this form (**Fundraising Receipt portion shall be completed**). The envelope shall be sealed, and the seal initialed by both of the above. It shall be deposited the same day at the Parish Office. If unable to deposit the funds at that time, arrangements shall be made with the Pastor or a member of the Finance Committee or Pastoral Council prior to the fundraising day/event.

Approval/Denial

A signed copy of this form will be returned to sender upon approval/denial.

Parish Pastoral Council: approves ☐ denies ☐ Application. Date: _____

_____ | _____ _____ | _____

Pastor approves ☐ denies ☐ Date Designate approves ☐ denies ☐ Date

NOTE: All appropriate government licences/forms shall be provided to office prior to Fundraiser

This fundraising request has been denied for the following reasons:

☐ Non-conforming ‘III. Purpose’ _____ ☐ Non-conforming ‘IV. Who/What’ _____

☐ Non-compliance ‘V. Procedure’ _____ ☐ Non-compliance ‘VII Guidelines’ _____

☐ Failure to obtain proper government licence for raffle/bucket draw/games of chance/alcohol, etc.

Other: _____

_____

_____

_____

_____

Fundraising Receipt

☐ Single day ☐ Weekly ☐ Monthly ☐ Ongoing ☐ Other (specify) _____

Tickets sold: _____ Money from sales $_____ Cheques $_____ Other donations $ _____

Total amount raised $_____

Total expenses $_____

Total After expenses $ _____

☐ Donations that are non-monetary

What was donated/How many:

_____

_____

_____

_____

_____

_____

_____

_____

Number of persons in attendance: _____

List of expenses:

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____