



Please submit at least 90 days prior to a proposed event to obtain approval for public fundraising done on behalf of a component fund of The Wells County Foundation, Inc. Applications may be submitted via email (wellscountyfound@wellscountyfound.org), by fax (260-824-3981), mail (360 N. Main Street, Suite C, Bluffton, IN 46714) or deliver the hard copy.

FROM: _____

If incorporated, give Federal ID # and IRS 501(c)(3) status.

Contact person: This person will serve as the main source of communication between the Foundation and the group:

Name: _____

Position or Role in the fundraising group: _____

Email: _____

Address: _____

Phones where The Wells County Foundation, Inc. can use to reach you: Home, Mobile, Work
 Best place and time to be contacted:

The Wells County Foundation, Inc. Fund to benefit from proposed fundraiser: _____

Event Information:

Title: _____

Date: _____

Location: _____

Detailed description of activities of the event, number of participants expected, and the groups experience in this type of fundraising. Why is the activity likely to be a success?

Have these individuals or this group organized previous fundraising events? If the answer is yes, please give date, place, and a brief explanation.

Do any of the group members expect to gain monetarily from conducting the event? Do any of these persons have connections to a business that will benefit from the proposed event? If so, explain.

Budget: Include an estimated budget for the fundraiser. You can revise the following sample, or attach your own budget document. Include likely vendor name for projected expenses. If sponsorships are included in the income projections, please list the prospects with anticipated level of sponsorship and goal date for confirmation of sponsorships.

Please provide cost of item and vendor. For example:

100 dinners @ 35.00 (Golden Oaks)	\$3,500
Brochure Printing (Copy Center)	500
Postage	34
Advertising (Forum)	300
Favors (donated)	0
5 awards (Pagoda)	<u>500</u>
Total Estimated Expenses	\$4534

Total Estimated Gross Revenue \$ _____

Please show how you arrived at this number. For example:

100 dinners @ \$100	\$10,000
5 sponsors @ \$1,000	5,000
Misc. donations	<u>250</u>
Total	\$15,250

Fundraising Goal: (Revenue minus Expenses) \$ _____

Administrative assistance requested of the Foundation:

Agreement: I (We) agree to use the fundraising procedures established by The Wells County Foundation, Inc. to review all printed and promotional material with the Foundation staff before production, to submit detailed Donor records along with all fundraiser proceeds and invoices, and to comply with other requirements, including liability for losses.

PLEASE PRINT NAME AND TITLE OF ORGANIZATION LEADERSHIP

SIGNATURE

DATE