



# Application for Deductible Fundraising at the Community Foundation of Grant County (Option 4)

Application must be submitted at least 90 days prior to a proposed event to obtain approval for public fundraising done on behalf of a fund of the Community Foundation of Grant County, Indiana. This is a fillable PDF that you can save and email to [foundationoffice@comfdn.org](mailto:foundationoffice@comfdn.org).

CF Fund Name

Group/Org Name

Federal Tax ID No. (if incorporated)  501(c)(3)?

## Contact Person:

Name

Position or Role in Above-Listed Group/Org

Email  Phone Number

## Event Information:

Event Title

Date  Location

Please provide a detailed description of activities of the event, number of participants expected, and your (the group's) experience with this type of fundraising. Why is this activity likely to be a success?

Have these individuals or this group organized previous fundraising events?

If yes,

Date  Location

Brief explanation of previous event

Do any of the group members expect to gain monetarily from conducting the event?

Do any of these group members have connections to a business that will benefit from the proposed event?

If you answered "yes" to either of these two questions, give a brief explanation of why and how

**Budget:** Include an estimated budget for this proposed event in this format. If sponsorships are included in the income projections, list the potential sponsors and anticipated level of sponsorship. Include potential vendor names for projected expenses. Show how you arrive at the amounts in the right column. (For example, 100 meals x \$10 per meal = \$1000)

Estimated Revenue

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Total Estimated Revenue

\$

Estimated Expenses

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Total Estimated Expenses

\$

Fundraising Goal (Revenues less Expenses)

\$

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## Agreement:

I (We) agree to use the fundraising procedures established by the Community Foundation of Grant County, Indiana, 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 (using the forms provided by the CF), and to comply with other requirements, including liability for losses. I (We) understand that the CF may request more information about this proposed event.

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Signature

Typed/Printed Name

Title Within Group/Organization

Date

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Signature

Typed/Printed Name

Title Within Group/Organization

Date

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Signature

Typed/Printed Name

Title Within Group/Organization

Date

Return this completed form to the Community Foundation of Grant County, Indiana, Inc. via email at [foundationoffice@comfdn.org](mailto:foundationoffice@comfdn.org) or to the CF office. Call (765)662-0065 or email with any questions.



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