

## GUMC Fundraising Proposal and Building Request Form (Revision August 2016)

1. All fundraisers sponsored by Germantown United Methodist Church are subject to this policy and will be reviewed and approved/disapproved by the GUMC staff and lay personnel referenced within it.
2. All fundraisers sponsored by Germantown United Methodist Church must have a clear linkage to the mission and vision of the congregation, as determined by the Missions Committee and/or clergy of GUMC.
3. Each fundraising cause may not have more than 3 event-type fundraisers per year (Letters of support, church-wide multi-agency efforts such as Alternative Christmas, and emergency appeals are not included in this requirement.)
4. Each fundraiser must be expected to raise at least \$2,000 (profit, after costs).
5. No fundraiser shall be approved with less than 4 months preparation time in place prior to the proposed start date. This is for the purpose of providing adequate time for planning and promotion.
6. All fundraisers must have a designated Lay/Church Liaison (identified on the request form) who liaises with the church. This person is responsible for signing the completed Fund Raiser Request Form, once resources and church tasks have been identified/approved within it and *prior* to committee approval, thereby confirming that:
  - a. Erin Beasley, Associate Pastor, has been consulted in the fundraiser design process to optimize timing (consulting the church schedule) and participation and to advise on costs and resources required. He will consult Rev. Brad Gabriel prior to signing off.
  - b. The Finance Committee (for timing and ROI) and the Missions Committee (for congruency with mission) have also reviewed/approved the fundraiser and its timing.
  - c. The Communications Director has, or will have all necessary information for promoting in church publications and has given approval for all collateral pieces (mailers, posters, fliers, advertisements) prior to any work being initiated.
  - d. The Financial Secretary will receive the funds raised through a mutually agreed-upon process (funds are sorted, counted, and categorized). Lay/Church Liaison or designee does the following:
    - Retrieves hard-copy registrations from designated mailbox
    - Assures that registrations are marked with “paid w/cash” or check # and amount
    - Initials checks, completes cash form and turns cash/checks in to Financial Secretary
  - e. The Financial Secretary deposits monies received as lump sum into appropriate Fund Raiser Account
  - f. The Lay/Church Liaison and other fund raising supporters recognize the specific role that will be played by the church and specific tasks that will be done by the church staff and acknowledge that no additional expectations will be accepted by the church or staff.
7. The EM will keep a master log of all fundraising efforts to record actual expenses and revenue and other relevant data. That log will be consulted in considering future requests of a repeat or similar nature.

# GUMC Fundraising Proposal

Date Received

(Please return to Rev. Erin Beasley for processing.)

1. Name of Proposed Fundraising Effort \_\_\_\_\_

2. Proposed Date, Time and Location of Fundraiser \_\_\_\_\_  
\_\_\_\_\_

3. Description of Fundraiser: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Who will be solicited for this Fundraiser?  
\_\_\_\_\_  
\_\_\_\_\_

5. How does this cause further the mission and vision of GUMC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What other fundraisers (with dates) have been held in the last year through GUMC to support this cause?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Who is sponsoring this fundraising effort (name of individual or group)? \_\_\_\_\_  
\_\_\_\_\_

8. Name and contact information of the designated lay/church liaison \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Estimated goal of funds to be raised: \$ \_\_\_\_\_

Please attach an estimated budget worksheet for this effort that includes estimated revenue streams and expenses.

10. Church facilities requested (include building/room desired, dates and times needed, estimated attendance, and estimated parking required). Please note, if using church facilities, a Building Request Form must be completed and accompany this proposal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**GUMC Building Request Form** (Revision 021517)

Complete form and return to **Brenda West at GUMC**, [bwest@germantownumc.org](mailto:bwest@germantownumc.org) or **901-754-5100**.

**DO NOT advertise your event until you have received confirmation.** You will be notified by email when your request is approved.  
You **MUST** notify us in advance of any time change(s) or cancellation(s) to event(s).

Childcare is offered at the OLEC - Monday – Friday from 9 a.m. – 12 p.m. For GUMC Events by request\*

**Event Name:** \_\_\_\_\_

**Event Date:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Event Time:** Start: \_\_\_\_\_ End: \_\_\_\_\_ (Event time posted to website)

**Set-up Time:** \_\_\_\_\_ **Clean-up Time** \_\_\_\_\_

**Set-up Recurring:** Frequency:  Weekly \_\_\_\_\_  Monthly \_\_\_\_\_

**For Recurring events, indicate dates NOT meeting (e.g. Holidays)** \_\_\_\_\_

**Number expected to Attend** \_\_\_\_\_ **Post to website:**  Yes  No

**Department/Ministry** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Location:**  GUMC Main Campus  OLEC  The Cottage  Adult Ed. Bldg  McVay Gardens  Prescott

**Room(s) Requested:** \_\_\_\_\_

**If this is a fundraiser, is the fundraiser proposal attached?**  Yes  No **Must be attached before we can assign room(s).**

**AFTER OFFICE HOURS** **Doors Unlocked:**  Welcome Center  NE Vestible  SE Vestible  Third Floor  
Time: Unlock \_\_\_\_\_ Lock \_\_\_\_\_

**SETUP REQUIREMENTS:**  
 Tables: # Long \_\_\_\_\_ # Round \_\_\_\_\_  Tablecloths  Chairs # \_\_\_\_\_  Podium  
 Microphone  Lapel Mic  Laptop table  Portable Projector  Screen  Overhead Projector  
 Sound Technician (Sanctuary/OLEC)  Stage Extensions (OLEC) # \_\_\_\_\_  TV/DVD (available in most classrooms)

**Preferred Set up indicated on back**  Yes  No – **If no, please submit no less than 2 weeks prior to event**

**Childcare required:**  Yes  No **\*Childcare provided for GUMC events only.**

**Crossing Guards:**  West Street  S. Germantown Rd. (Additional fees may be charged)

**Additional requirements or instructions:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Date contact notified of approval: _____
Date received: _____	Date entered on Calendar: Program staff approval by: _____
Date available Yes or No	Total Fee Due: _____ Date Received _____ Check # _____
Program Staff approval by _____	
Maintenance staff approval by: _____	Copy Yes or No
Total Fee Due: _____	Date Rec'd: _____ Check # _____