



KAPAUN MT. CARMEL

CATHOLIC HIGH SCHOOL



FUNDRAISING EVENT & ACTIVITY Evaluation

ORGANIZATION INFORMATION

Name of Organization/Club/Activity: _____

Contact Person: _____ Position: _____

Email Address: _____ Phone #: _____

Address/Zip: _____

EVENT INFORMATION

Name of Event or Activity: _____ Location: _____

Date: _____ Time: _____ Number in Attendance: _____

Areas of Success: _____

Areas of Improvement: _____

FUNDRAISING INFORMATION

Goal/Proceeds

Fundraising Goal: _____ Gross Income: _____ Net Income: _____

Please submit an itemized account of event income, expenses, status and acknowledgements, similar to the example below:

INCOME			
Type	Donor/Donation	Amount	Acknowledgements Sent
<i>Sponsor</i>	<i>Company A</i>	<i>\$1000</i>	<i>1/2/15</i>
<i>Sponsor</i>	<i>Company B</i>	<i>\$1000</i>	<i>1/2/15</i>
<i>Ticket Sales</i>	<i>Corporate</i>	<i>\$1000</i>	<i>1/2/15</i>
<i>Ticket Sales</i>	<i>Individual</i>	<i>\$500</i>	<i>1/2/15</i>
EXPENSES			
Description	Vendor	Amount	Paid
<i>Decorations</i>	<i>Ray's Party Rental</i>	<i>\$100</i>	<i>1/2/15</i>
<i>Marketing</i>	<i>Print Shop</i>	<i>\$500</i>	<i>1/2/15</i>
<i>Food</i>	<i>Corporate Caterers</i>	<i>\$1000</i>	<i>1/2/15</i>

**If more detail and/or space is needed, a separate budget may be submitted along with application.*



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In-Kind Donations

Please submit an account of in-kind donations and acknowledgements, similar to the example below:

Donor	Donation Description	Value	Acknowledgements Sent
Coats	Coats	\$50	1/2/15
Mittens	Mittens	\$50	1/2/15

**If more detail and/or space is needed, a separate solicitation list may be submitted along with application.*

Benefactors

Benefactor	Proceeds	Restrictions

**If more detail and/or space is needed, a separate solicitation list may be submitted along with application.*

Photos

Were event photos submitted to the Director of Development? YES NO

**Please complete and submit this evaluation to the Director of Development
no later than 90 days after the event.**