

NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street – Mount Prospect, IL 60056-3334 – 1.800.344.6273 – www.ncsf.com

PROJECT SUMMARY - HEARTS AND HANDS PROGRAM

RETURN WITHIN 30 DAYS OF THE EVENT TO THE FRATERNAL DEPARTMENT FOR REIMBURSEMENT APPROVAL.

Court Name and Number: _____ City: _____ State: _____

Contact Person: _____ Phone #: (____) _____

Project Name: _____ Date of Event: _____

Sole Sponsor (Court had MAJOR decision making responsibility) **Co-Sponsored** (Court assisted others)

1) EVENT SIGN IN:

Signature of NCSF adult and junior members who worked on the project (*minimum 5 to qualify*).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If you need more space, use a separate sheet of paper.)

2) SHARE YOUR SUCCESS: SEND PHOTOS!

To help us highlight the court's fundraiser in the NCSF magazine, website, press release, or social media – provide us with the following items:

- 1) Action photo(s)* of members participating at the fundraiser with interesting details about the project, comments from participants and/or recipients.
- 2) A picture(s)* from the check presentation with additional details about the project, comments from participants and/or recipients.

Note: These items do not earn extra bonuses and are in addition to the event promotion requirement.

** Photos become the property of NCSF. They may be used in the NCSF magazine, website, press release, or social media and will not be returned.*

3) MATCHING FUNDS: THE CHECK INFORMATION

The matching funds check cannot be payable to your court; it can be payable to any parish or community organization. If the event is to assist an individual or family, the check must be made payable to a bank trust (or similar account) on their behalf.

Check should be made payable to: _____

Address: _____ City, State, Zip: _____

Check will be mailed to court officer for presentation:

Officer Name: _____ Position: _____

Address: _____ City, State, Zip: _____

4) ORIGINAL PAPERWORK

FINANCE SUMMARY

Income from Hearts and Hands project\$ _____

Total in cash donations\$ _____

TOTAL PROCEEDS\$ _____

This amount is to be deposited into court's treasury.
Attach **original** deposit receipt to the summary.

List project expenses to be deducted from proceeds.
Include **original** receipts for expenses.

Subtract project expenses.....\$ - _____

NET PROCEEDS\$ _____

**ENTIRE PROCEEDS MUST BE DONATED
TO THE RECIPIENT**

SUMMARY CHECKLIST

Please make sure you have completed the following requirements prior to submitting your summary to ensure proper funding.

- Minimum 5 members have signed in
- Bulletin ad or other printed promotion is attached
- Proper expense receipts are attached
- Proper deposit slip is attached
- Proof of funds received for a co-sponsored event.**
EX: a thank you letter from the recipient on their letterhead; the \$ amount received is mentioned in the letter.
- Photos of the event are included or emailed to:
fraternal@ncsf.com
- Banner materials have been returned
(if applicable)

5) YOUR COURT'S VERIFICATION

1) Please attach publicity and verification of your project. These may include newspaper articles, parish bulletins or a letter of acknowledgement from the recipient(s).

2) Don't forget Step 2: Share Your Success! Send a picture* of the event or check presentation – may be used in the NCSF magazine, website, press release, or social media coverage.

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TWO SIGNATURES ARE REQUIRED:

COURT OFFICER SIGNATURE DATE

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HOME OFFICE USE: App No: # _____ Approval given by: _____ Date: _____

Sole Sponsored: Co-Sponsored: Voucher Date: _____ Advertising Rating: _____

Amount of matching check: \$ _____ Court Matched to Date: \$ _____ Available Balance: \$ _____

Project Summary Denied by: _____ Date: _____

Reason: _____