Exhibit B

_____
Ministry/Organization Name

PROPOSED FUNDRAISING BUDGET

Projected Revenue: (list sources)

Total Revenue _____

Projected Expenses: (list)

Total Expenses _____

Net Proceeds _____

Planned Disbursement of Proceeds:

_____	_____
Primary Beneficiary	$ amount or %
_____	_____
Secondary Beneficiary	$ amount or %
_____	_____
Third Beneficiary	$ amount or %

Submitted by: _____ Date: _____
Project Leader

Exhibit C

_____
Ministry/Organization Name

FUNDRAISING REPORT

Event: _____
Date: _____
Location: _____
Evaluation: List any pertinent comments or recommendations for future activities.

Actual Revenue: (list sources)

Total Revenue _____

Actual Expenses: (list)

Total Expenses _____

Net Proceeds _____

Amounts Disbursed:

_____ 1st Beneficiary
_____ 2nd Beneficiary
_____ 3rd Beneficiary

Submitted by: _____ Date: _____
Project Leader