



## PROJECT SUMMARY - HEARTS AND HANDS PROGRAM

RETURN WITHIN 30 DAYS OF THE EVENT TO THE OUTREACH AND ENGAGEMENT DEPT. FOR REIMBURSEMENT APPROVAL.

Court /Impact Team Name and No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Project Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

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

### 1) Event Sign In:

Signature of 1891 Financial Life 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 / Impact Team’s fundraiser in the 1891 Financial Life 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 1891 Financial Life. They may be used in the our 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 / Impact Team; 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 / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Check will be mailed to Court / Impact Team officer for presentation:**

Officer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**4) Original Paperwork**

**FINANCE SUMMARY**

Income: Hearts and Hands project ..... \$ \_\_\_\_\_

Total in cash donations..... \$ \_\_\_\_\_

TOTAL PROCEEDS..... \$ \_\_\_\_\_

This amount is to be deposited into Court / Impact Team's bank. Attach **original** bank deposit.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subtract project expenses ..... \$ - \_\_\_\_\_

NET PROCEEDS ..... \$ \_\_\_\_\_

**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 bank deposit slip is attached (required)
- 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: **outreach@1891FinancialLife.com**

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

**5) Your Court / Impact Team'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 1891 Financial Life magazine, website, press release, or social media coverage.

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**ONE OFFICER SIGNATURE REQUIRED:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO:** 1891 Financial Life Outreach and Engagement, 200 N. Martingale Rd., Ste. 405 Schaumburg, IL 60173 • FAX: (847) 342-4556 • Email: outreach@1891FinancialLife.com

**HOME OFFICE USE:** App No: # \_\_\_\_\_ Approval given by: \_\_\_\_\_ Date: \_\_\_\_\_

Sole Sponsored  Co-Sponsored Voucher Date: \_\_\_\_\_

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

Project Summary Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_