## **Fundraising Event Grant Evaluation Form**

Please submit the following form within 30 days of your grant event taking place to Rpacpartnership@nar.realtor

### **ASSOCIATION INFORMATION**

Association Name			
Staff Contact			
Street Address			
City	s	State	Zip
Phone	E	Email	
Tax ID #			

#### **EVENT DESCRIPTION**

Event Name	Event Date	
Location	Attendance	

#### **FUNDRAISING RESULTS**

How much did you raise through your fundraising grant?	What was your fundraising goal indicated on your application?	
What percentages of these funds were from new donors?	Were any of these contributions pledges? If so, how much?	
Were any of these funds from soft money? If so, how much?	What is your estimated participation rate after the event?	

Did any donors upgrade to a higher contribution level? If yes, please list how many and to what contribution amount?



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#### **LIST EXPENSES**

LIST AND TOTAL all associated expenses for which you will be seeking reimbursement.

Expense Description		Amount
	TOTAL	
ADDITIONAL COMMENTS		
Please include any other comments you would like to include about your event:		
Required: (please select one)		
State and local REALTOR® associations shall only use resources provided by the NAR REALTOR® Paterritorial jurisdictions as set by NAR.	orty Program within the	ir association's
Does the proposed activity adhere to the stated requirement? Yes No		
AGREEMENT AND SIGNATURE		
By submitting this application, I affirm that the facts set forth in it are true and complete. Additiona be transferred to National RPAC.	lly, I will ensure the app	propriate funds will
Signature Date		
Please note that you will not be reimbursed until we receive this completed form. Receipts and this form mus the event taking place.	be scanned in and subm	itted with 30 days of

Please email receipts and evaluation form to <a href="mailto:Rpacpartnership@nar.realtor">Rpacpartnership@nar.realtor</a>

