

# NATIONAL CATHOLIC SOCIETY OF FORESTERS

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

## PROJECT SUMMARY - HEARTS AND HANDS PROGRAM

RETURN THIS FORM TO THE COURT RELATIONS DEPT. OF THE HOME OFFICE FOR REIMBURSEMENT APPROVAL.  
PLEASE PRINT CLEARLY.

Court Name and Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

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

Sole Sponsor: \_\_\_\_\_ Co-Sponsored: \_\_\_\_\_

**MATCHING FUNDS CHECK: Remember the check can not be payable to your court or any individual.**

Matching funds check should be made payable to: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Check will be mailed to court officer for presentation.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

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

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

**(THE SOCIETY WILL MATCH A MAXIMUM OF \$200 IN CASH DONATIONS)**

TOTAL PROCEEDS (Should 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) ..... \$ \_\_\_\_\_

Please attach publicity and verification of your project. These may include newspaper articles, parish bulletins or a letter of acknowledgement from the recipient(s). You may also include a picture of the event which may be used in the NCSF magazine or website. No photos will be returned.

**TWO SIGNATURES ARE REQUIRED:**

\_\_\_\_\_  
Court Officer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Officer signature

\_\_\_\_\_  
Date

*See reverse side for required working members sign in sheet.*

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**HOME OFFICE USE:**

Approval given by: \_\_\_\_\_ Date: \_\_\_\_\_

Application No: \_\_\_\_\_

Amount of matching check: \$ \_\_\_\_\_

Previous Amount Matched: \$ \_\_\_\_\_

Sole Sponsored: \_\_\_\_\_ Co-Sponsored: \_\_\_\_\_

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

