

**Fundraising Activities—Approval of Fundraising Projects**

All school fundraising activities must be approved by the Board. Requests must be channeled through the Principal and Superintendent/designee for approval before beginning a fundraiser.

Type of fundraiser (please check):

- **School club/organization (e.g. Drama Club, Spanish Club, Boys/Girls Sports).**
- **School booster organizations and school-related parent groups, including PTO’s, PTA’s, PSTO’s, etc.**
- **Fundraisers not subject to restrictions** (school pictures, yearbooks, fall/spring festivals/carnivals, school book fairs, merchant discount or rebate programs where the school is not required to sell discount cards (i.e., Target Stores School Rebate Program).
- **Charitable fundraiser** (local, state, and/or national emergencies or disasters; student(s) emergencies or disasters; staff emergencies or disasters, etc.).
- **Athletic tickets/concessions, band contests, and school event ticket/concession sales**  
These require Board approval; however, only one blanket fundraiser approval is required per year, per school, for all athletic ticket/concession sales.

1. Name of staff person responsible for fundraiser: \_\_\_\_\_

2. Name/description of the product/service to be sold: \_\_\_\_\_

3. Name of the vendor providing the product to be sold: \_\_\_\_\_

4. Name of school or club/department sponsoring the fundraiser: \_\_\_\_\_

a. Cumulative number of fundraisers conducted this year by this group (including this request): \_\_\_\_\_

b. If this number exceeds two (2), please provide a rationale:

\_\_\_\_\_

5. How will the proceeds from this fundraiser be used? Please be specific.

\_\_\_\_\_

6. If the fundraiser will be used to fund a trip, please list the destination and dates of the trip.

Department/Group: "\*\*\*\*\*" Trip destination: \_\_\_\_\_ Trip dates \_\_\_\_\_ to \_\_\_\_\_

7. Does the net profit margin to be received from this fundraiser equal or exceed 30% for goods or items sold? Yes No If no, explain why the net profit percentage is below 30%:

\_\_\_\_\_

8. Anticipated net profit: \$ \_\_\_\_\_

9. Duration of sales: Begins: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Ends: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

\_\_\_\_\_  
Requestor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Designee’s Signature

\_\_\_\_\_  
Date

Review/Revised:9/16/10