

STUDENT FUNDRAISING
(Fundraising Approval Form)

Name of Employee Supervising Fundraising Activity: _____

Group or Activity: _____ Grade Levels Involved: _____

Dates of Fundraising Activities: _____ Anticipated Profit from Fundraiser: \$ _____

Explain how funds will be used. _____

Describe the fundraising activity, including a description of items to be sold and the amount for which they will be sold. (Attach brochures or other information to this form if necessary.) _____

List the vendors involved, including address and contact information of representatives. _____

Describe up-front money or other necessary commitments of district resources. _____

Is there a risk that the district could lose money? If so, explain. _____

Who is the target customer? _____

Will students, staff or others be solicited on school property? If so, explain how and when. _____

Will students be involved in the fundraiser? If so, explain their role and include an estimate of the amount of instructional time, if any, that will be used to implement the fundraiser. _____

FILE: IGDF-AF
Critical

Will staff members other than yourself be involved? If so, explain how they will be involved and include an estimate of the time during their working hours that they will be involved. _____

Will the fundraiser be advertised? If so, how? _____

Describe the method of collecting and securing funds, including a description of how sales and receipt of funds will be documented and how the risk of theft will be minimized. _____

Will the district need to sign a contract? Yes No

If yes, attach the contract to this form for review and Board approval.

Does the fundraiser comply with the district's wellness program and procedures implementing that program? (See ADF, ADF-AP.) Yes No

List any other information regarding the fundraising activity. _____

Signature of Supervising Employee

Date

<i>For Office Use Only</i>	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied
<input type="checkbox"/>	Approved with the following conditions or changes: _____

_____	_____
Signature of School Principal or Superintendent	Date

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: August 15, 2007

Revised:

Boonville R-I School District, Boonville, Missouri