



FUNDRAISING PROJECT FORM

DATE

School Related Parent Organization (*requires superintendent's approval*)
Name of Organization _____

School Sponsored Group/Club (*requires superintendent's approval*)
Name of Group/Club _____

School Sponsored Activity involving students in fundraising projects via sales within the school (*requires building administrator and superintendent approval*)

NAME OF INDIVIDUAL IN CHARGE OF ACTIVITY	PHONE NUMBER
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ADDRESS

EXPLANATION OF FUNDRAISING ACTIVITY, INCLUDING LOCATION OF PROPOSED SOLICITATION, COST OF PRODUCT, ANTICIPATED REVENUES.

BEGINNING DATE OF ACTIVITY	ENDING DATE OF ACTIVITY
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WHAT FUNDS WILL BE USED FOR, LIST SPECIFIC USE:

PROCEDURE FOR HANDLING OF FUNDS AND EXPENDITURES OF FUNDS: TAXABLE? YES NO

Approved: _____
Representative of Organization/Group

_____ *Date*

Approved: _____
Building Administrator

_____ *Date*

Approved: _____
Superintendent

_____ *Date*

Revised:
04/13/2020