

BERRYESSA UNION SCHOOL DISTRICT

B-09

FUND-RAISING PROJECT ----- REQUEST FOR APPROVAL

School: _____ Date: _____

Fund-Raiser Event: _____

Description of fund-raising project: _____

Starting Date: _____ Ending Date: _____ Time of Day: _____

Group requesting approval of fund-raising project: _____

Contact Person: _____ Contact Phone Number: _____

Contact E-mail address: _____

Amount of funds expected to be raised: _____

Purpose of fund-raising project: _____

- No solicitation of funds shall be permitted without prior written approval.
- All fund-raising activities must be approved by the Superintendent or designee at least 15 days before the activity.
- No food shall be sold during school hours. (Hours of sales must end ½ hour before school starts or begin ½ hour after school ends)
- Door-to-door sales by students to conduct fund-raising are not allowed without direct adult supervision.
- No students shall be barred from an activity because they did not participate in fund-raising.

All items below, must be attached if they apply:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Initial "Income Statement of Fund-Raising Activity" form projecting the estimated revenue, expenses, and net profit. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Copies of any advertisement used to promote the activity must attached. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • If a staff member is provided a contract by a commercial vendor (the contract must be reviewed and approved by the Superintendent or designee). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • If an invoice will have to be paid through Business Services, include a W-9 form. |

Signature of individual responsible for Fund-Raising Project **Date**

Principal's Signature **Date** **Director of Child Nutrition** **Date**

Superintendent/Designee Signature **Date**

FOR OFFICE USE ONLY:

Approved: Yes No **Approval Number:** _____ **Date:** _____

BERRYESSA UNION SCHOOL DISTRICT

B-09.01

Income Statement of Fund-Raising Activity

I. General Information

A. Fundraising Event _____ School _____

B. Dates(s) of Event _____ Approval # _____

II. Revenue

	Estimated	Actual
A. Number of items/units available per invoice	_____	_____
B. Less items/units not available	_____	_____
C. Total items/units available for sale (A – B)	_____	_____
D. Selling price per item/unit	_____	_____
E. Anticipated revenue (C x D)	_____	_____
F. Actual revenue collected	_____	_____
G. Cash overage (shortage) E minus F	_____	_____
H. Explanation of difference (G)	_____	_____

III. Expenses

List all expenses associated with this fundraising event:

Items Purchased

	Estimated	Actual
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Expenses	_____	_____

IV. Income for Fundraising Event

	Estimated	Actual
Total Revenue (Section II Line F)	_____	_____
Less Total Expenses (Section III)	_____	_____
Net Income for Fundraiser	=====	=====

Instructions:

1. An initial copy of this form must be submitted with the "Fund-Raising Project – Request for Approval, B-09", 15 days prior to start of fund-raiser.
2. A final copy of this form, B-09.01 (showing actual expenses) must be submitted with the "Acceptance of Gift, B-02" (showing the fund-raising approval number) and the "Activity Collection Report..., F-03" form with money/checks collected within 10 days of end of fund-raiser.
3. If money will not be deposited through the district office, a final copy of this form, B-09.01 must be submitted with a copy of deposit slip.