

**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.

FILE: IGDF-AF  
Critical

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.

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.

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Signature of Supervising Employee

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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: 10/12/2001

Revised: 09/20/2007

Reorganized School District No. 7 Jackson Co., Lee's Summit, Missouri