

# BERRYESSA UNION SCHOOL DISTRICT

B-09

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

School: Majestic Way Elementary 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: \_\_\_\_\_

Board Policy 1324 Rev. 06/28/05

Revised-08/09, 08/11, 09/14, 07/15

# 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**

	<b>Estimated</b>	<b>Actual</b>
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**

	<b>Estimated</b>	<b>Actual</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Expenses**

	_____	_____
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**IV. Income for Fundraising Event**

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

**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.