**AUTAUGA COUNTY SCHOOLS**

**FUND-RAISING ACTIVITY REQUEST**

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Proposed Fund-Raiser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount expected to be raised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe how funds will be raised (what will be sold, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Briefly describe the purpose of this activity (how the money will be used, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of the fund-raising company and representative, if one will be used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Must submit a W-9 unless they are already on file*

If a fund-raising company will be used: (1) What is the percentage of total sales that goes to the organization? \_\_\_\_\_\_\_\_\_\_

 (2) Will the company take back unsold items? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students participating – *(If this is a booster club only fund-raiser, the # of students should be zero.)* \_\_\_\_\_\_\_\_\_\_\_

If students will be soliciting funds, do you have permission from the parents of the students who will participate in the fund-raiser? *(If this is a booster club only fund-raiser, students should not be participating.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

If any part of the school will be used, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If Food or Candy is sold or consumed during school hours, it must be “Smart Snack” compliant and the CNP Director must sign off on the fund raiser.***

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Faculty Sponsor’s Signature / Date Principal’s Signature / Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CNP Director’s Signature / Date *(If Food related)* Superintendent **APPROVES** the request / Date

Accounting/CSFO: Initials / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Superintendent **DENIES** the request / Date

**Please Note: This form must be completed and approved by all parties BEFORE you begin any fund raising activities. You must adhere to all policies and procedures regarding: collection of money, requisitions, POs, and payments**