

Fund Raiser or Grant Request Approval Form

Club/Support Group/Sponsoring Entity: _____ School/Site Represented: _____

Supervisor/Head of Fund Raiser: _____ This is fundraiser # _____ for this entity.

Brief description of fundraiser/grant: _____

If applicable, please list the vendor and ensure that a contractor certification form is obtained and forwarded to the finance office:

Vendor: _____ Fundraiser Start Date: _____ End Date: _____

Describe/list how revenues will be used (if applicable, include salaries; benefits; in kind funds; equipment; materials; supplies; services and so forth):

Attach additional sheet if necessary

<p>All fundraisers must receive pre-approval from the Superintendent. Instructional time is to be protected from interruption stemming from fundraiser related activities.</p> <p align="center">_____ Supervisor/Head of Fundraiser Date</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Approved <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">Denied <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">_____ Principal/Site Supervisor</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td style="text-align: center;">Approved <input type="checkbox"/></td> <td style="text-align: center;">Denied <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">_____ Finance Supervisor</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td style="text-align: center;">Approved <input type="checkbox"/></td> <td style="text-align: center;">Denied <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">_____ Superintendent</td> <td style="text-align: center;">_____ Date</td> </tr> </table>	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	_____ Principal/Site Supervisor	_____ Date	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	_____ Finance Supervisor	_____ Date	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	_____ Superintendent	_____ Date
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>												
_____ Principal/Site Supervisor	_____ Date												
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>												
_____ Finance Supervisor	_____ Date												
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>												
_____ Superintendent	_____ Date												