

# [NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

**Applicant Information**

Faculty Member (s): Diana Burd, Amanda Elister Date: 12/8/22

Club Name: Club Unify

Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Bake Sales

Purpose of Fund Raiser: To raise funds for Club Unify. Proceeds will offset field trip costs.

Start Date of Project: 1/4/23 Completion Date of Project: 5/25/23

Date of Sale(s): From 1/4/23 To: \_\_\_\_\_

Sale Area/Location: main hallway

Sale will be monitored by: \_\_\_\_\_

**\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\***

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_

Minimum Total Profit Expected: \$ \_\_\_\_\_

**Faculty Advisor Signature**

Signature: Diana Burd Date: 12/8/22

**(Vice) Principal Signature**

Signature: Kelly Piam Date: 12/8/22

**School Treasure Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Placed on BOE Meeting Agenda for:**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_

# [NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Diana Burd, Amanda Flister Date: 12/8/22

Club Name: Club Unify

Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Coin Wars

Purpose of Fund Raiser: To raise funds for club Unify.  
Proceeds will offset field trip costs.

Start Date of Project: 1/4/23 Completion Date of Project: 5/25/23

Date of Sale(s): From 1/4/23 To: \_\_\_\_\_

Sale Area/Location: main office

Sale will be monitored by: \_\_\_\_\_

## \*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_

Minimum Total Profit Expected: \$ \_\_\_\_\_

## Faculty Advisor Signature

Signature: Diana Burd Date: 12/8/22

## (Vice) Principal Signature

Signature: Kelly Kiano Date: 12/8/22

## School Treasure Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_