

**CATALINA FOOTHILLS
SCHOOL DISTRICT**

Sandy Thompson, MAC <sthompson@cfsd16.org>

REVISED - Student Fundraising Activity Request Form

1 message

Margie Jones, MAC <mjones@cfsd16.org>

Mon, Sep 19, 2016 at 2:36 PM

To: VV Cathy MacNeal <cmacneal@cfsd16.org>, VVELC Marjorie Brown <Mbrown@cfsd16.org>, CV Beth Klingensmith <Bklingensmith@cfsd16.org>, EC Felicia Klein <fklein@cfsd16.org>, FH Cheryl Joseph <cjoseph@cfsd16.org>, Katherine Anders Mz <kanders@cfsd16.org>, OG Anne Morgan <amorgan@cfsd16.org>, SD Dawn Garcia <dgarcia@cfsd16.org>
Cc: MAC Sandy Thompson <sthompson@cfsd16.org>, MAC Angelie Hawley <Ahawley@cfsd16.org>, MZ Kimberly Boling <kboling@cfsd16.org>, Fh Jody Brase <jbrase@cfsd16.org>, FH Angela Chomokos <achomokos@cfsd16.org>, SD Andrea Davidson <adavidson@cfsd16.org>, FH Dante Franco <dfranco@cfsd16.org>, MZ Nancy Hayes <nhayes@cfsd16.org>, CV Robert Henikman <rhenikman@cfsd16.org>, VV Dana Mulay <dmulay@cfsd16.org>, Og Julie Nikolas <jnikolas@cfsd16.org>, OG Susan Rosenthal <srosenthal@cfsd16.org>, Ec Mary Setliff <msetliff@cfsd16.org>, EC Kristie Stevens <kstevens@cfsd16.org>, MAC Margie Jones <mjones@cfsd16.org>

The CFSD Governing Board has asked for additional information from fund raising groups when submitting a request for the board's consideration. Therefore, attached is a revised form that needs to be used effective immediately.

The most significant change is a request to identify not only the gross receipts anticipated by the fund raising activity but also the estimated net receipts after expenses. For example, if the group raises \$1,000 but the vendor keeps 40%, then we want to know that \$600 is the estimated actual revenue going to the fund raising group.

We have also revised the section where a group indicates what percent of the proceeds will stay with the FFO/booster club and what portion will be the student group's percent.

Finally, please be reminded that the intended purpose of the funds needs to be explicit. It is not satisfactory just to note that the dollars will be raised to support the program. We know that. Tell us what you intend to purchase with these funds. If a particular fund raising activity won't cover the complete cost of a purchase, just list the item(s) to be underwritten on each of the fund raising requests relevant to that purchase.

Please be sure to contact me if you need clarification about any of this.

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Margie Jones
Administrative Assistant to the Superintendent and Governing Board
Catalina Foothills Unified School District No. 16
2101 E. River Road
Tucson, AZ 85718
(520) 209-7537
mjones@cfsd16.org

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 **Student Fundraising Activitiy Request Revision 9-13-16.pdf**
49K

**CATALINA FOOTHILLS SCHOOL DISTRICT
STUDENT FUNDRAISING ACTIVITY REQUEST**

Name of Group or Organization

Date Submitted

1.) PURPOSE:

Identify the purpose of why the funds are being raised. Be specific (NOT a general statement like "program support").

2.) ACTIVITY:

Name and describe the fundraising activity. Please provide vendor's name if a vendor is involved.

3.) LOCATION:

Be specific: campus-wide, off-campus, front of cafeteria, etc.

4.) TIME:

Lunch, all day, etc.

5.) DATES:

If items are to be sold over a period of time and delivered on a specific date, please indicate same.

6.) NAMES OF SPONSORS TO BE IN ATTENDANCE:

(Signature is required below.)

7.) GROSS REVENUES AND NET INCOME:

What is the organization's estimate of the gross receipts AND net income after expenses from this activity?

Gross Sales: _____

Total Expenses: _____

Net Income: _____

8.) ALLOCATION

What's the percent allocated between the two organizations?

Entity 1 _____ %

Entity 2 _____ %

Group Student Officer Signature

Principal Approval

Date

Group Sponsor's signature(s)

Date Approved by Governing Board Send approved

(Principal) original to: Student Activities Bookkeeper. Keep the copy for your files.