

COLTON SCHOOL DISTRICT
Fundraising Plan/Approval for Funds Being Raised to Benefit CSD

School _____ Date of request: _____

Group (class, club, team, etc.) _____

Responsible Staff Member _____

Check appropriate fundraiser timeline(s): **November - June** **July – October**

Please provide the following information for the proposed fundraising activity. If additional fundraisers are proposed, attach an additional form(s). Submit form(s) to the principal by October 15th for activities to take place during November through June and by May 15th for activities to take place July through October 15th. Activities must be approved in advance by the principal & superintendent in order to be district-sponsored.

Describe type of activity Camp _____ Product to sell _____
 Auction/event _____ Service to sell _____
 Other (describe, ex. Boosters) _____

Will the activity include soliciting sponsorship, money, or service/product from local businesses?

Yes No If yes, explain: _____

Which school district priority(ies) does this fundraiser meet? Please check and describe.

Ensure Equity, Access, and Progress for all students

District's Purpose: All students K-12 are on-track and graduate college and career ready

District Core Beliefs: Champion for Kids; Expect Excellence; Carry the Banner; and Merchant of Hope

Proposed start date _____ and end date _____ of fund raiser.

Projected amount of money to be raised _____

Projected in-kind value _____

Purpose (use) of funds (Be specific—use back side of this form if necessary) _____

Principal: Approved Disapproved *Signature/Date:* _____

Restrictions/Rationale: _____

Superintendent: Approved Disapproved *Signature/Date:* _____

Restrictions/Rationale: _____

I have read and agree to fully abide with all district fundraising policies and procedures in conducting the above fundraiser(s).

Responsible staff member signature

Student representative signature, if applicable