



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dino DeBellonia Date: 11/18/19

Club Name: UHS Wrestling Team

Acct. No.: 3280 Acct. Balance to Date: _____

Type of Fund Raiser: clothing web-site

Purpose of Fund Raiser: may not to raise funds but to strictly sell promotional clothing. will need appraisal either way.

Start Date of Project: December 19, 2019 Completion Date of Project: January 31, 2020

Date of Sale(s): From December To: January

Sale Area/Location: Thompson Sporting Goods

Sale will be monitored by: TSG & Dino DeBellonia

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

Vendor Representative's Name: Keith Thompson

Vendor Business Name: Thompson Sporting Goods

Vendor Address: 522 Morris Ave

City: Summit State & Zip code: NJ 07901

Unit Cost of Product/Service: \$ all different items - see attached
 Proposal Sale Price: \$ example for
 Total Cost of all Products Not to Exceed: \$ millions
 Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: Dino DeBellonia Date: 11/18/19

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Wendy McNair Date: 11/14/19

Club Name: Girls Basketball

Acct. No.: 3320 Acct. Balance to Date: \$1483.13

Type of Fund Raiser: Free-Throw Fundraiser

Purpose of Fund Raiser: Team dinner, poss. trips

Start Date of Project: 1/25/20 Completion Date of Project: 2/12/20

Date of Sale(s): From " To: 2/12/20

Sale Area/Location: main gym

Sale will be monitored by: Wendy McNair

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

Vendor Representative's Name: Wendy McNair

Vendor Business Name: Sponsorship

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: [Signature] Date: 11/14/19

Vice Principal Signature

Signature: [Signature] Date: _____

School Treasure Signature

Signature: [Signature] Date: 11/14/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): L. Lemby Date: 11/13/19

Club Name: Boys Soccer

Acct. No.: 3380 Acct. Balance to Date: \$474.05

Type of Fund Raiser: _____

Purpose of Fund Raiser: snacks/drinks to benefit Boys Soccer

Start Date of Project: 12/25/19 Completion Date of Project: 6/30/20

Date of Sale(s): From _____ To: "

Sale Area/Location: high school

Sale will be monitored by: Lester Lemby

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

Vendor Representative's Name: Lemby

Vendor Business Name: snacks cooked items

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 50¢

Proposal Sale Price: \$ \$1.00 per

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

Minimum Total Profit Expected: \$ _____

Signature: _____ Date: _____
Faculty Advisor Signature

Signature: _____ Date: _____
Vice Principal Signature

Signature: _____ Date: 11/14/19
School Treasure Signature

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

**[NAME OF SCHOOL
STUDENT ACTIVITIES
FUNDRAISER PROPOSAL**

Applicant Information

Faculty Member (s): J. Crane, C. Ferretti, M. Riley Date: 11/14/19

Club Name: 4th Grade Student Council

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Please see attached

Purpose of Fund Raiser: To grant a wish for a sick child

Start Date of Project: January 2020 Completion Date of Project: June 2020

Date of Sale(s): From January 2020 To: June 2020

Sale Area/Location: School wide

Sale will be monitored by: C. Ferretti, J. Crane, M. Riley

***** 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: [Signature] Date: 11/14/19

(Vice) Principal Signature

Signature: [Signature] Date: 11/14/19

School Treasure Signature

Signature: [Signature] Date: 11/14/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

SCHOOL BUS EMERGENCY EVACUATION DRILL REPORT

School Bus emergency evacuation drills shall be conducted twice each school year according to the New Jersey Administrative Code (NJAC 6A:27-11.2).

Emergency evacuation drills and safety education

(a). School administrators shall organize and conduct emergency exit drills at least twice within the school year for all students who are transported to and from school.

1. All other students shall receive school bus evacuation instruction at least once within the school year.

(b). The school bus driver and bus aide shall participate in the emergency exit drills:

(c). Drills shall be conducted on school property and shall be supervised by the principal or person assigned to act in a supervisory capacity.

(d). Drills shall be documented in the minutes of the local board of education at the first board meeting following the completion of the emergency exit drill. The minutes shall include, but are not limited to, the following:

1. Date of the drill;
2. Time of day the drill was conducted;
3. School name;
4. Location of the drill;
5. Route number(s) included in the drill; and
6. Name of school principal, or person(s) assigned, who supervised the drill.

REPORT OF THE COMPLETION OF THE SCHOOL BUS EMERGENCY EVACUATION DRILL TO THE BOARD OF EDUCATION

Date of the school bus emergency evacuation drill: 10/28/19

Time of day the drill was conducted: 9:15 AM

School Name: WASHINGTON ELEMENTARY SCHOOL

Location of the Emergency Evacuation Drill: PLAY GROUND ELEMENTARY

Route Number(s): ENTIRE SCHOOL

Name of the school principal/person(s) overseeing the drill: MRS LAURIE ROOF - VP
Laurie Roof

Other information relative to the emergency evacuation drill:



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Grace Mitchko Date: 11/6/19

Club Name: HOSA

Acct. No.: 2043 Acct. Balance to Date: _____

Type of Fund Raiser: Dress down Day

Purpose of Fund Raiser: Raise money for March of Dimes
April 26 2020 @ meadowlands

Start Date of Project: 1/17/19 Completion Date of Project: 1/17/19

Date of Sale(s): From 1/17/19 To: 1/17/19

Sale Area/Location: school wide

Sale will be monitored by: Mitchko front office

*****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: [Signature] Date: 11/6/19

Vice Principal Signature

Signature: [Signature] Date: 11/12/19

School Treasure Signature

Signature: [Signature] Date: 11/12/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundraiser Request

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>
To: Diane Cappiello <dcappiello@twpunionschools.org>
Cc: Grace Mitchko <gmitchko@twpunionschools.org>

Tue, Nov 12, 2019 at 4:35 PM

Good afternoon, Diane -

Can you please add the following fundraisers request to the December 2019 BOE Agenda?

School/Club: HOSA

School Account #: 2043

Type of Fundraiser: Dress Down Day


Date of Event: January 17, 2020

Purpose of Fund Raiser: To raise money for the March of Dimes on April 26, 2020 at The Meadowlands Arena

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
Union High School
2350 North Third Street
Union, NJ 07083
(908) 851-6501

 scan_lfinnerty_2019-11-12-16-34-18.pdf

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundraiser Requests

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>

Mon, Nov 11, 2019 at 12:42 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Kathy Brooks <kbrooks@twpunionschools.org>, Patricia Bridges <patbridges@twpunionschools.org>


Good afternoon, Diane -

Can you please add the following fundraisers requests to the December 2019 BOE Agenda?

School/Club: Community Service (Kathy Brooks-organizer)**School Account #:** n/a**Type of Fundraiser:** Selling Pins**Date of Event:** November 2019**Purpose of Fund Raiser:** To raise money for Kofi Ansah's family and medical bills**School/Club:** Peer Ambassadors**School Account #:** 2003**Type of Fundraiser:** Ambassador Dinner & Dance**Date of Event:** May 15, 2020**Purpose of Fund Raiser:** To raise funds for future enhancement of services to the community

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
Union High School
2350 North Third Street
Union, NJ 07083
(908) 851-6501 scan_lfinnerty_2019-11-11-12-35-26.pdf



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Peer Ambassadors

Acct. No.: 2003 Acct. Balance to Date: _____

Type of Fund Raiser: Ambassador Dinner + Dance

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community

Start Date of Project: 5/15 Completion Date of Project: 5/15

Date of Sale(s): From 6:00 To: 10:00

Sale Area/Location: Costa del Sol, Vanshall Road

Sale will be monitored by: P. Bridges

*****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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-5-19

School Treasure Signature

Signature: [Signature] Date: 11/6/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Lisa Mulvaney / Mistah Baywa Date: 11/4/19

Club Name: Community Service

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: selling pins

Purpose of Fund Raiser: to raise \$ for Koki Ansah's family/medical bills

Start Date of Project: 11/4/19 Completion Date of Project: 11/30/19

Date of Sale(s): From 11/6 & 11/8 To: 11/30/19

Sale Area/Location: catena & football field

Sale will be monitored by: Mulvaney / Baywa

*****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: [Signature] Date: 11/4/19

Vice Principal Signature

Signature: [Signature] Date: 11-5-19

School Treasure Signature

Signature: [Signature] Date: 11/6/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundraiser Requests

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>

Mon, Nov 4, 2019 at 4:01 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Kathy Brooks <kbrooks@twpunionschools.org>, Arrieta Tatianna <tarrieta@twpunionschools.org>, Damo Thiana <tdamo@twpunionschools.org>, Patricia Bridges <patbridges@twpunionschools.org>

Good afternoon, Diane -

Can you please add the following fundraisers requests to the December 2019 BOE Agenda?

School/Club: Community Service (Kathy Brooks-organizer)

School Account #: n/a

Type of Fundraiser: Food Drive /

Date of Event: November 2019 (for the holidays)

Purpose of Fund Raiser: To collect food to take to the Hillside Community Food Bank

School/Club: National Art Honor Society /

School Account #: 2030

Type of Fundraiser: Holiday Ornament Sale

Date of Event: November 26, 2019 to December 19, 2019

Purpose of Fund Raiser: To raise funds for the NAHS Scholarship Fund and art supplies

School/Club: Freshman Class

School Account #: 2230

Type of Fundraiser: Pizza Sale /

Date of Event: December 11, 2019

Purpose of Fund Raiser: To raise funds for the Class of 2023 senior activities and Project Graduation

School/Club: Freshman Class /

School Account #: 2230

Type of Fundraiser: Bake Sale (store bought only)

Date of Event: January 8, 2020

Purpose of Fund Raiser: To raise funds for the Class of 2023 senior activities and Project Graduation

School/Club: Freshman Class

School Account #: 2230 ✓

Type of Fundraiser: Freshman Spring Dance

Date of Event: March 27, 2020

Purpose of Fund Raiser: To raise funds for the Class of 2023 senior activities and Project Graduation

School/Club: Freshman Class ✓

School Account #: 2230

Type of Fundraiser: Freshman Field Day

Date of Event: May 29, 2020

Purpose of Fund Raiser: To raise funds for the Class of 2023 senior activities and Project Graduation

School/Club: Peer Ambassadors /

School Account #: 2003

Type of Fundraiser: Candy & Candy Cane Sales

Date of Event: December 16, 2019 to December 20, 2019

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community

School/Club: Peer Ambassadors /

School Account #: 2003

Type of Fundraiser: Wristband Sale /

Date of Event: January 13, 2020 to January 17, 2020

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community

School/Club: Peer Ambassadors

School Account #: 2003

Type of Fundraiser: Miracle Dance-a-Thon

Date of Event: March 20, 2020

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community charity: Mountainside Children's Hospital

School/Club: Seekers Club

School Account #: 2102

Type of Fundraiser: Bake Sale (store bought only)

Date of Event: January 6, 2020

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity

School/Club: Seekers Club

School Account #: 2102

Type of Fundraiser: Wristband Sale

Date of Event: January 13, 2020 to January 17, 2020

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity

School/Club: Seekers Club

School Account #: 2102

Type of Fundraiser: Seekers Movie Night

Date of Event: March 13, 2020

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity

School/Club: Seekers Club

School Account #: 2102

Type of Fundraiser: Talent Show

Date of Event: April 30, 2020

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
Union High School
2350 North Third Street
Union, NJ 07083
(908) 851-6501

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): K. Brooks, T. Mott, R. Rosales Date: 11-4-2019

Club Name: Community Service

Acct. No.: X Acct. Balance to Date: X

Type of Fund Raiser: _____

Purpose of Fund Raiser: To collect food to take to
Hillside Community Food Bank on Nov 22.

One service hour per 3 items can or box

Start Date of Project: Nov Completion Date of Project: Nov 21, 2019

Date of Sale(s): From X To: _____

Sale Area/Location: Food to be collected in D241 and 6102

Sale will be monitored by: we would also like to put box in main office.

*****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: Kathy Brooks Date: 11-4-2019

Vice Principal Signature

Signature: [Signature] Date: 11-4-19

School Treasure Signature

Signature: Jawna Jurety Date: 11/4/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): T. Arrieta Occio + T. DAMO Date: 10/30/19

Club Name: NATIONAL ART Honor Society

Acct. No.: 2030 Acct. Balance to Date: \$ 15.72

Type of Fund Raiser: Holiday Ornament sale

Purpose of Fund Raiser: NATHSO Scholarship Fund - and ^{art} Supplies

Start Date of Project: 11-26-19 Completion Date of Project: 12-19-19

Date of Sale(s): From 12-2-19 To: 12-16-19

Sale Area/Location: D210 + front lobby

Sale will be monitored by: T. Arrieta Occio + T. DAMO

***** 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: [Signature] Date: 10/31/19

Vice Principal Signature

Signature: [Signature] Date: 11/1/19

School Treasure Signature

Signature: Jawa Finnerty Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Freshman Class.

Acct. No.: 2230 Acct. Balance to Date: _____

Type of Fund Raiser: Pizza Sales

Purpose of Fund Raiser: To raise funding for the class of 2023 senior activities and Project Graduation

Start Date of Project: 12/11/19 Completion Date of Project: 12/11/19

Date of Sale(s): From 2:85 To: 3:15

Sale Area/Location: Front Entrance of H.S.

Sale will be monitored by: P. Bridges

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: [Signature] Date: 11/1/19

Placed on BOE Meeting Agenda for

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Freshman Class.

Acct. No.: 2230 Acct. Balance to Date: _____

Type of Fund Raiser: Bake Sales (Ibake bought only)

Purpose of Fund Raiser: To raise funding for the Class of 2023 Senior Activities and Project Graduation.

Start Date of Project: 1/8/20 Completion Date of Project: 1/8/20

Date of Sale(s): From 2:35 To: 3:15

Sale Area/Location: Front Entrance of H.S.

Sale will be monitored by: P. Bridges

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11/1/19

School Treasure Signature

Signature: Jawa Finnerty Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Freshman Class.

Acct. No.: 2230 Acct. Balance to Date: _____

Type of Fund Raiser: Freshman Spring Dance

Purpose of Fund Raiser: To raise funding for the
Class of 2023 Senior activities
and Project Graduation

Start Date of Project: 3/27/19 Completion Date of Project: 3/27/19

Date of Sale(s): From 6:00pm To: 9:30pm

Sale Area/Location: Small Gym

Sale will be monitored by: P. Bridges & Class Advisors

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: Jaura Finerty Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Freshman Class.

Acct. No.: 2230 Acct. Balance to Date: _____

Type of Fund Raiser: Freshman Field Day

Purpose of Fund Raiser: To raise funding for the Class of 2023 senior activities and Project Graduation.

Start Date of Project: 5/29/19 Completion Date of Project: 5/29/19

Date of Sale(s): From 5/29/19 To: 07/29/19 periods

Sale Area/Location: Practice Field

Sale will be monitored by: P. Bridges & Ambassadors.

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: [Signature] Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Peer Ambassadors

Acct. No.: 2003 Acct. Balance to Date: _____

Type of Fund Raiser: Candy & Candy Cane Sales

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community.

Start Date of Project: 12/16/19 Completion Date of Project: 12/20

Date of Sale(s): From _____ To: _____

Sale Area/Location: Through Out School

Sale will be monitored by: P. Bridges

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: [Signature] Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Peer Ambassadors

Acct. No.: 2003 Acct. Balance to Date: _____

Type of Fund Raiser: Wristband Sale

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community.

Start Date of Project: 1/13/20 Completion Date of Project: 1/17/20

Date of Sale(s): From _____ To: _____

Sale Area/Location: Outside Cafeteria during lunches

Sale will be monitored by: P. Bridges

*****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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: [Signature] Date: 11/1/19

Placed on BOE Meeting Agenda for

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Peer Ambassadors

Acct. No.: 2003 Acct. Balance to Date: _____

Type of Fund Raiser: Miracle Dance - a - Thon

Purpose of Fund Raiser: To raise funds for future enhancement of services to the community
Charity: Mountainside Childrens Hospital

Start Date of Project: 3/20/20 Completion Date of Project: 3/20/20

Date of Sale(s): From 5:00pm To: 9:00pm

Sale Area/Location: Small Gym

Sale will be monitored by: P. Bridges

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: [Signature] Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Seekers Club

Acct. No.: 2102 Acct. Balance to Date: _____

Type of Fund Raiser: Bake Sale (store bought only)

Purpose of Fund Raiser: To raise funds for future group trips and donations for O'Henry

Start Date of Project: 1/6/20 Completion Date of Project: 1/6/20

Date of Sale(s): From 2:35 To: 3:30

Sale Area/Location: Front Entrance of HS

Sale will be monitored by: P. Bridges

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11/1/19

School Treasure Signature

Signature: [Signature] Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Seekers Club

Acct. No.: 2102 Acct. Balance to Date: _____

Type of Fund Raiser: Winstband Sale

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity.

Start Date of Project: 1/13/20 Completion Date of Project: 1/17/20

Date of Sale(s): From _____ To: _____

Sale Area/Location: Cafeteria (Outside) during lunch periods

Sale will be monitored by: P. Bridges

*****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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11/1/19

School Treasure Signature

Signature: Jawra Jimenez Date: 11/1/19

Placed on BOE Meeting Agenda for

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Seekers Club

Acct. No.: 2102 Acct. Balance to Date: _____

Type of Fund Raiser: Seekers Movie Night

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity

Start Date of Project: 3/13/20 Completion Date of Project: 3/13/20

Date of Sale(s): From 4:00 pm To: 6:30 pm

Sale Area/Location: HS Room D244

Sale will be monitored by: P. Bridges + 1 Chaperone

***** 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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11-1-19

School Treasure Signature

Signature: Jaura Finney Date: 11/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/28/19

Club Name: Seekers Club

Acct. No.: 2102 Acct. Balance to Date: _____

Type of Fund Raiser: Talent Show

Purpose of Fund Raiser: To raise funds for future group trips and donations for charity

Start Date of Project: 4/30/20 Completion Date of Project: 4/30/20

Date of Sale(s): From 6:30 .To: 8:30

Sale Area/Location: UHS Auditorium

Sale will be monitored by: P. Bridges

*****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: [Signature] Date: 10/28/19

Vice Principal Signature

Signature: [Signature] Date: 11/7/19

School Treasure Signature

Signature: [Signature] Date: 11/11/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

F-11/26/2019

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundraiser Request

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>
To: Diane Cappiello <dcappiello@twpunionschools.org>
Cc: Adam Raffaele <araffaele@twpunionschools.org>

Tue, Nov 26, 2019 at 9:21 AM

Good morning, Diane -


Can you please add the following fundraiser request to the December 2019 BOE Agenda?

School/Club: Hiking Club
School Account #: 2072
Type of Fundraiser: Lollipop & Pretzel Sale
Date of Event: December 2019 through June 2020
Purpose of Fund Raiser: To raise funds for the end of the year trip

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
Union High School
2350 North Third Street
Union, NJ 07083
(908) 851-6501

 scan_lfinnerty_2019-11-26-09-09-49.pdf



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ADAM RAFFAELE Date: 11/26/19

Club Name: HIKING CLUB

Acct. No.: 2072 Acct. Balance to Date: _____

Type of Fund Raiser: LOLLIPOP & PRETZEL SALE

Purpose of Fund Raiser: RAISE FUNDS FOR END OF THE YEAR TRIP

Start Date of Project: ~~12/19~~ 12/2019 Completion Date of Project: 6/2020

Date of Sale(s): From _____ To: _____

Sale Area/Location: ON STUDENT'S' PERSON

Sale will be monitored by: ADAM RAFFAELE

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

Vendor Representative's Name: MARTIN GENDRON

Vendor Business Name: FUNDRISING.COM

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 6,600.00

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] Date: 11/26/19

Vice Principal Signature

Signature: [Signature] Date: 11/26/19

School Treasure Signature

Signature: [Signature] Date: 11/26/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundraiser Requests

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>

Wed, Nov 27, 2019 at 9:00 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Melissa Abbate <mabbate@twpunionschools.org>, Laurie Romero <lromero@twpunionschools.org>

Good afternoon, Diane -

Can you please add the following fundraisers requests to the December 2019 BOE Agenda?

School/Club: UHSPAC

School Account #: 2077

Type of Fundraiser: Concessions

Date of Event: January 2020 through April 2020

Purpose of Fund Raiser: To raise funds for Fall and Spring productions - sell food and drinks

School/Club: UHSPAC

School Account #: 2077

Type of Fundraiser: Production Program Ad Sale (Spring)

Date of Event: January 2020 through April 2020

Purpose of Fund Raiser: To sell ad space in Spring production program to raise funds for production costs

School/Club: UHSPAC

School Account #: 2077

Type of Fundraiser: Apparel and Accessory (UHSPAC logo) Sale

Date of Event: January 2020 through April 2020

Purpose of Fund Raiser: To raise funds for Spring production costs

School/Club: Optimist Club

School Account #: 2019

Type of Fundraiser: Pet Supply Drive


Date of Event: December 18, 2019 through January 30, 2020

Purpose of Fund Raiser: To raise supplies needed for the local animal shelters/clinics in town

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
 Union High School
 2350 North Third Street
 Union, NJ 07083
 (908) 851-6501

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): M. Abbate Date: 11/26/19

Club Name: WHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Concessions

Purpose of Fund Raiser: Raise funds for fall and spring productions - sell food and drinks

Start Date of Project: January 2020 Completion Date of Project: April 2020

Date of Sale(s): From 3/20 To: 3/29

Sale Area/Location: OHS Lobby during performances only

Sale will be monitored by: Patrick Phillips

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

Vendor Representative's Name: _____

Vendor Business Name: Pirylis Distributors

Vendor Address: 221 Sussex Ave.

City: Newark State & Zip code: NJ 07103

Unit Cost of Product/Service: \$ various - approx \$.10 - \$.80

Proposal Sale Price: \$ 1-2

Total Cost of all Products Not to Exceed: \$ 1000

Minimum Total Profit Expected: \$ 6000

Signature: Melissa Abbate Faculty/Advisor Signature Date: 11/26/19

Signature: [Signature] Vice Principal Signature Date: 11/22/19

Signature: Jawra Jmerty School Treasurer Signature Date: 11/27/19

Proposed BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Application Information

Faculty Member (s): M. Abbate Date: 11/26/19

Club Name: UHSPAC

Acct. No.: ~~2001~~ 2077 (23) Acct. Balance to Date: _____

Type of Fund Raiser: Apparel and accessory (UHSPAC logo) Sale

Purpose of Fund Raiser: Raise funds for Spring production costs

Start Date of Project: January 2020 Completion Date of Project: April 2020

Date of Sale(s): From February To: March

Sale Area/Location: online / Lobby during performances

Sale will be monitored by: Patrick Phillips (teacher/Music Director)

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

Vendor Representative's Name: _____

Vendor Business Name: Custom Ink

Vendor Address: 2910 District Ave.

City: Fairfax State & Zip code: VA 22031

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ 15-30

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

Minimum Total Profit Expected: \$ 500

Faculty Adviser Signature

Signature: Melissa Abbate Date: 11/26/19

Vice Principal Signature

Signature: V.R.B. Date: 11/27/19

School Treasurer Signature

Signature: Jawra Jaremy Date: 11/27/19

Placed on BOE Meeting Agenda for

Month: _____	Year: _____	Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	By: _____
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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Application Information

Faculty Member (s): M. Abbate Date: 11/26/19

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Production Program Ad Sale (Spring)

Purpose of Fund Raiser: Sell ad space in Spring production program to raise funds for production costs.

Start Date of Project: January 2020 Completion Date of Project: April 2020

Date of Sale(s): From January To: March

Sale Area/Location: mail-in/email

Sale will be monitored by: Patrick Phillips

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

Vendor Representative's Name: _____

Vendor Business Name: NA

Vendor Address: NA

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ approx \$1 per printed program

Proposal Sale Price: \$ 30 - 250

Total Cost of all Products Not to Exceed: \$ 2000

Minimum Total Profit Expected: \$ 4000

Faculty Advisor Signature

Signature: Melissa Abbate Date: 11/26/19

Vice Principal Signature

Signature: U-B. B. Date: 11/27/19

School Treasurer Signature

Signature: Jawm Jmesty Date: 11/27/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): L. Romero Date: 11/27/19

Club Name: Optimist Club

Acct. No.: 2019 Acct. Balance to Date: _____

Type of Fund Raiser: Pet Supply Drive

Purpose of Fund Raiser: To raise supplies needed for the local animal shelters/clinics in town.

Start Date of Project: 12/18/19 Completion Date of Project: 1/30/20

Date of Sale(s): From 12/18/19 To: 1/30/20

Sale Area/Location: Main office or D202

Sale will be monitored by: L. Romero

*****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: Janice Romero Date: 11/27/19

Vice Principal Signature

Signature: [Signature] Date: 11/27/19

School Treasure Signature

Signature: [Signature] Date: 11/27/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundaiser Request

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>

Mon, Dec 2, 2019 at 9:33 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Dana Meixner <dmeixner@twpunionschools.org>, Lauren Kohn <lkohn@twpunionschools.org>, Marcy Musarra <mmusarra@twpunionschools.org>

Good morning, Diane -


Can you please add the following fundraiser request to the December 2019 BOE Agenda?

School/Club: Club TESSLO**School Account #:** 2066**Type of Fundraiser:** % of Sales on 3/20/20 at Blaze Pizza in Clark**Date of Event:** March 20, 2020**Purpose of Fund Raiser:** To raise funds for club funds to support student learning and peer experiences.**School/Club:** Club TESSLO**School Account #:** 2066**Type of Fundraiser:** % of Sales on 4/9/20 at Blaze Pizza in Clark**Date of Event:** April 9, 2020**Purpose of Fund Raiser:** To raise funds for club funds to support student learning and peer experiences.

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
Union High School
2350 North Third Street
Union, NJ 07083
(908) 851-6501

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Meixner, John Musarra Date: 11/27/19

Club Name: Club T.E.S.S.L.O

Acct. No.: 2066 Acct. Balance to Date: _____

Type of Fund Raiser: 10% of sales on 3/20/20

Purpose of Fund Raiser: To raise money for club funds to support student learning and peer experiences.

Start Date of Project: 3/20/20 Completion Date of Project: 3/21/20

Date of Sale(s): From 3/20/20 To: 3/21/20

Sale Area/Location: Blaze Pizza Clark Commons Clark, NJ

Sale will be monitored by: General manager of Blaze

*****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: [Signature] Date: 11/27/19

Vice Principal Signature

Signature: [Signature] Date: 11/27/19

School Treasure Signature

Signature: Jawa Jmerty Date: 12/1/19

Placed on BOE Meeting/Agenda for

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Mexner, John Musarra Date: 11/27/19

Club Name: Club T.E.S.S.L.O

Acct. No.: 2066 Acct. Balance to Date: _____

Type of Fund Raiser: 70% of sales on 4/9/20

Purpose of Fund Raiser: To raise money for club funds to support student learning and peer experiences.

Start Date of Project: 4/9/20 Completion Date of Project: 4/10/20

Date of Sale(s): From 4/9/20 To: 4/10/20

Sale Area/Location: Blaze Pizza Clark Commons, Clark, NJ

Sale will be monitored by: General manager of Blaze

***** 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: [Signature] Date: 11/27/19

Vice Principal Signature

Signature: [Signature] Date: 11/27/19

School Treasure Signature

Signature: [Signature] Date: 12/1/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Larry Petras Date: 11/6/19

Club Name: Middle School G/T

Acct. No.: 32 Acct. Balance to Date: \$ 0.00

Type of Fund Raiser: Bake Sales

Purpose of Fund Raiser: offset cost of Boston/Philly trips

Start Date of Project: 12/19/19 Completion Date of Project: 6/5/20

Date of Sale(s): From 12/19/19 To: 6/5/20

Sale Area/Location: Kawameeh Middle School

Sale will be monitored by: Larry Petras

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

Vendor Representative's Name: N/A

Vendor Business Name: Students donating all baked goods

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ 50¢ - \$2.00

Total Cost of all Products Not to Exceed: \$ N/A

Minimum Total Profit Expected: \$ \$50 per sale

Faculty Advisor Signature

Signature: [Signature] Date: 11/6/19

Principal Signature

Signature: [Signature] Date: 11/18/19

School Treasure Signature

Signature: [Signature] Date: 11/18/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

December BOE Agenda Fundraiser Requests

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>

Tue, Dec 3, 2019 at 4:19 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Arrieta Tatianna <tarrieta@twpunionschools.org>, Damo Thiana <tdamo@twpunionschools.org>

Good afternoon, Diane -

Can you please add the following fundraiser requests to the December 2019 BOE Agenda?

School/Club: National Art Honor Society**School Account #:** 2030**Type of Fundraiser:** Coffee and Canvas (#1)**Date of Event:** January 2, 2020 through January 27, 2020**Purpose of Fund Raiser:** NAHS Scholarship Fund and art supplies**School/Club:** National Art Honor Society**School Account #:** 2030**Type of Fundraiser:** Valentine's Day Flower Sale**Date of Event:** January 27, 2020 through February 14, 2020**Purpose of Fund Raiser:** Scholarship Fund and Relay for Life Team Donation**School/Club:** National Art Honor Society**School Account #:** 2030**Type of Fundraiser:** Teacher Mural Raffle**Date of Event:** February 3, 2020 through April 30, 2020**Purpose of Fund Raiser:** Scholarship Fundraiser, Relay for Life and art supplies**School/Club:** National Art Honor Society**School Account #:** 2030**Type of Fundraiser:** Coffee and Canvas (#2)**Date of Event:** March 2, 2020 through March 31, 2020**Purpose of Fund Raiser:** Senior Scholarship Fund and art supplies

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary
Union High School
2350 North Third Street
Union, NJ 07083
(908) 851-6501 scan_lfinnerty_2019-12-03-15-36-11.pdf



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Arrieta Ocasio + DAMO Date: 12/3/19

Club Name: National Art Honor Society

Acct. No.: 2030 Acct. Balance to Date: 615.72

Type of Fund Raiser: Coffee and Canvas (#1)

Purpose of Fund Raiser: NAHS Scholarship fund + art supplies

Start Date of Project: Jan 2nd Completion Date of Project: Jan 27th

Date of Sale(s): From Jan 2nd To: Jan 24th

Sale Area/Location: D210

Sale will be monitored by: T. Amietz + T. DAMO

***** 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: [Signature] Date: 12/3/19

Vice Principal Signature

Signature: [Signature] Date: 12/3/19

School Treasure Signature

Signature: [Signature] Date: 12/3/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): T. Amety Ocasio + T. DAMO Date: 12/3/19

Club Name: NATHS

Acct. No.: 2030 Acct. Balance to Date: 615.72

Type of Fund Raiser: Flower Sale (Valentines Day)

Purpose of Fund Raiser: Scholarship fund, Relay for Life team donation

Start Date of Project: 1/27/20 Completion Date of Project: 2/14/20

Date of Sale(s): From 1/27/20 To: 2/12/20

Sale Area/Location: DB10, cafeteria

Sale will be monitored by: T. Amety Ocasio + T. DAMO

***** 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: [Signature] Date: 12/3/19

Vice Principal Signature

Signature: [Signature] Date: 12/3/19

School Treasure Signature

Signature: [Signature] Date: 12/3/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): T. Ametz Ocasio Date: 12/3/19

Club Name: NAHS

Acct. No.: 2030 Acct. Balance to Date: 615.72

Type of Fund Raiser: Teacher Mural Raffle

Purpose of Fund Raiser: Scholarship fundraiser, Relay for life, at
Appleby
\$5/ticket

Start Date of Project: 2/3/20 Completion Date of Project: 4/30/20

Date of Sale(s): From 2/3/20 To: 2/28/20

Sale Area/Location: D210 + main office

Sale will be monitored by: T. Ametz Ocasio + T. Damo

*****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: [Signature] Date: 12/3/19

Vice Principal Signature

Signature: [Signature] Date: 12/3/19

School Treasure Signature

Signature: [Signature] Date: 12/5/19

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): T. Arrieta Ocasio + T. DAMO Date: 12/3/19

Club Name: NATHS

Acct. No.: 2030 Acct. Balance to Date: 615.72

Type of Fund Raiser: Coffee and Conos (#2)

Purpose of Fund Raiser: senior scholarship fund + art supplies

Start Date of Project: 3/2/20 Completion Date of Project: 3/31/20

Date of Sale(s): From 3/2/20 To: 3/27/20

Sale Area/Location: D210 UHS

Sale will be monitored by: T. Arrieta Ocasio + T. DAMO

*****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: [Signature] Date: 12/3/19

Vice Principal Signature

Signature: [Signature] Date: 12/3/19

School Treasure Signature

Signature: [Signature] Date: 12/3/19

Placed on BOE Meeting Agenda for

Month: _____ Year: _____ Approved: YES NO By: _____