

F-11



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Lou Gresso Date: 5/13/19

Club Name: Union Farmers Football

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

Type of Fund Raiser: Snapraise

Purpose of Fund Raiser: To raise money for offseason expenses.  
(gear, equipment, functions, etc.)

Start Date of Project: 6/1/19 Completion Date of Project: 6/28/19

Date of Sale(s): From \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: \_\_\_\_\_

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

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

Vendor Representative's Name: Tim Schoenhaus 908-256-2553

Vendor Business Name: Snap! Raise

Vendor Address: 939 Westlake Ave. N

City: Seattle State & Zip code: WA 98109

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

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

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

Minimum Total Profit Expected: \$ 2000

### Faculty Advisor Signature

Signature: \_\_\_\_\_ Date: 5/13/19

### Vice Principal Signature

Signature: \_\_\_\_\_ Date: 5/15/19

### School Treasurer Signature

Signature: \_\_\_\_\_ Date: 5/15/19

### Placed on BOE Meeting Agenda for:

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

F-11



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

### Applicant Information

Faculty Member (s): Ms. Emily Gutierrez Date: 5/21/19

Club Name: National Honor Society

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

Type of Fund Raiser: Bake Sales

Purpose of Fund Raiser: For student's ~~tasks~~ tassels and cords.

9/3 - Town wide meeting

Start Date of Project: 9/3/19 Completion Date of Project: 5/29/2020

Date of Sale(s): From 9/3/19 To: 5/29/2020

Sale Area/Location: UHS Lobby

Sale will be monitored by: Ms. Emily Gutierrez

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

Vendor Representative's Name: Bake Sale

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: \_\_\_\_\_

### Vice Principal Signature

Signature: [Signature] Date: 5/21/19

### School Treasure Signature

Signature: [Signature] Date: 5-29-19

### Placed on BOE Meeting Agenda for:

Month: June Year: 2019 Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

**Applicant Information**

Faculty Member (s): Ms. Emily Gutierrez Date: 5/21/19

Club Name: National Honor Society

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

Type of Fund Raiser: Cancer Awareness - Sale of pink ribbons

Purpose of Fund Raiser: For October raise money for Breast Cancer awareness

November raise money for prostate cancer

Start Date of Project: 10/1/19 Completion Date of Project: 12/1/2019

Date of Sale(s): From 10/1/19 To: 12/1/19

Sale Area/Location: UHS Lobby Classroom

Sale will be monitored by: Ms. Gutierrez

\*\*\*\*\* 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: \_\_\_\_\_

**Vice Principal Signature**

Signature: [Signature] Date: 5/28/19

**School Treasure Signature**

Signature: [Signature] Date: 5-29-19

**Placed on BOE Meeting Agenda for:**

Month: June Year: 2019 Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

### Applicant Information

Faculty Member (s): Ms. Gutierrez, Ms. Muller Date: 5/21

Club Name: National Honor Society

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

Type of Fund Raiser: Candy Gram/Valentine's Day Grams

Purpose of Fund Raiser: To raise money for students  
stores, ~~also~~ pins and cords.

Also raise money for Scholarship

Start Date of Project: ~~2/1/20~~ 1/6/2020 Completion Date of Project: 2/15/2020

Date of Sale(s): From 1/6/2020 To: 2/15/2020

Sale Area/Location: UHS

Sale will be monitored by: Ms. Gutierrez, Ms. Muller

\*\*\*\*\*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: \_\_\_\_\_

### Vice Principal Signature

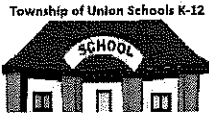
Signature: [Signature] Date: 5/28/19

### School Treasure Signature

Signature: [Signature] Date: 5.29.19

### Placed on BOE Meeting Agenda for:

Month: June Year: 2019 Approved: YES  NO  By: \_\_\_\_\_



Diane Cappiello <dcappiello@twpunionschools.org>

## Fwd: June 2019 Fundraiser Request

1 message

Lori-Ann Boyd <lboyd@twpunionschools.org>  
To: Diane Cappiello <dcappiello@twpunionschools.org>

Wed, May 29, 2019 at 3:14 PM

Hi Diane,

Please add the following Fundraiser Requests to the June 2019 Agenda.


School/Club: **National Honor Society**  
School Account #: **2049**  
Type of Fundraiser: **Bake Sale**  
Date of Event: **September 3, 2019 through May 29, 2020**  
Purpose of Fund Raiser: **To raise funds for the National Honor Society tassels and cords.**

School/Club: **National Honor Society**  
School Account #: **2049**  
Type of Fundraiser: **Cancer Awareness Pink Ribbon Sale**  
Date of Event: **October 1, 2019 through December 1, 2019**  
Purpose of Fund Raiser: **To raise funds for the Breast Cancer & Prostate Cancer Awareness.**

School/Club: **National Honor Society**  
School Account #: **2049**  
Type of Fundraiser: **Candy/Valentine's Day Gram Sales**  
Date of Event: **January 3, 2020 through February 15, 2020**  
Purpose of Fund Raiser: **To raise funds for the National Honor Society scholarships, stoles, pins and cords.**

Thanks,  
Lori-Ann A. Boyd, Bookkeeper  
Township of Union Board of Education  
UHS School Treasurer  
2369 Morris Avenue  
Union, NJ 07083  
P: 908.851.4439  
lboyd@twpunionschools.org  
**HUMAN. KIND. BE BOTH. -Lori A. Boyd**

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 **scan\_lboyd\_2019-05-29-14-57-03.pdf**  
1595K

Fall



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Adriane Damiano Date: 5/29

Club Name: Field Hockey

Acct. No.: 3290 Acct. Balance to Date: \$ 305.36

Type of Fund Raiser: Kicks & stix clothing apparel, & SNAP

Purpose of Fund Raiser: raise funds for field hockey teams needs

Start Date of Project: Summer/fall Completion Date of Project: Oct 30, 2019

Date of Sale(s): From July 1 To: Oct 30 2019

Sale Area/Location: Union High

Sale will be monitored by: Adriane Damiano

\*\*\*\*\* 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: 5/29

### Vice Principal Signature

Signature: [Signature] Date: 5/29/19

### School Treasure Signature

Signature: [Signature] Date: 5/29/19

### Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Dube Date: 5/29/19

Club Name: Gymnastics

Acct. No.: 3256 Acct. Balance to Date: 137.00

Type of Fund Raiser: Apparel

Purpose of Fund Raiser: raise funds for gymnastics team needs

Start Date of Project: Fall 19 Completion Date of Project: TBD

Date of Sale(s): From 7/1/19 To: 10/30/19

Sale Area/Location: Union High.

Sale will be monitored by: Dube

\*\*\*\*\*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: \_\_\_\_\_

### Vice Principal Signature

Signature: [Signature] Date: 5/29/19

### School Treasure Signature

Signature: [Signature] Date: 5/29/19

### Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Leser Lembrzyk Date: 5/31/19

Club Name: Boys/Girls Soccer

Acct. No.: 3300 & 3380 Acct. Balance to Date: \$3600 & \$2400.00

Type of Fund Raiser: Indoor Tournament - Soccer - indoor

Purpose of Fund Raiser: team mix, food, senior gifts etc.

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

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

Sale Area/Location: Main gym at High School

Sale will be monitored by: Lembrzyk, Cassiano

\*\*\*\*\*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: 5/31/19

### Vice Principal Signature

Signature: [Signature] Date: \_\_\_\_\_

### School Treasure Signature

Signature: [Signature] Date: 5/31/19

### Placed on BOE Meeting Agenda for:

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





# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

**Applicant Information**

Faculty Member (s): Cassiano Dos Santos Date: 5/30/19

Club Name: Union Girls Soccer

Acct. No.: 3300 Acct. Balance to Date: 3700.00

Type of Fund Raiser: Clothing

Purpose of Fund Raiser: To raise money for new equipment, player Trackers, and clothing

Start Date of Project: 9/20/19 Completion Date of Project: 9/20/19

Date of Sale(s): From 9/1/2019 To: 9/20/19

Sale Area/Location: Union Township

Sale will be monitored by: Coaching Staff

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

Vendor Representative's Name: Rick Dadika

Vendor Business Name: RED Promotions

Vendor Address: 1104 Van Liew Ave.

City: Milltown, N.J State & Zip code: 08850

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

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

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

Minimum Total Profit Expected: \$ 1,500

**Faculty Advisor Signature**

Signature: [Signature] Date: \_\_\_\_\_

**Vice Principal Signature**

Signature: [Signature] Date: \_\_\_\_\_

**School Treasure Signature**

Signature: [Signature] Date: 5/31/19

**Placed on BOE Meeting Agenda for:**

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

Township of Union Board of Education  
**STUDENT ACTIVITY ACCOUNT - REIMBURSEMENT REQUEST**

EVERY EFFORT TO PAY WITH A CHECK FROM THE STUDENT ACTIVITY ACCOUNT DIRECTLY TO THE VENDOR MUST BE MADE BEFORE REIMBURSEMENT WILL BE CONSIDERED.

*Student Activity Reimbursement requests must be pre-approved by the principal and superintendent prior to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.*

Date: 5/30/19  
 Employee Name: Cassiana Dos Santos  
 Acct Name: Girls Soccer club  
 Acct. No.: 3300

Reason for Reimbursement Request:  
Girls Soccer 2019 Fall Season

Estimate of Itemized Expenses

DESCRIPTION	COST
Saturday Game Day Breakfast	\$ 100
Senior Night Dinner	\$ 100
Senior Night Gifts	\$ 200
Senior Night Flowers/Roses	\$ 100
Reek Creations Practice T-shirts	\$ 400
Iron Block Recker Speaker	\$ 120
Playertek Tracker	\$ 480
	\$
	\$

TOTAL AMOUNT OF REIMBURSEMENT: \$ 1500

Note: Sales tax is not eligible for reimbursement.

A COPY OF THIS APPROVAL MUST ACCOMPANY YOUR OFFICIAL REQUEST FOR REIMBURSEMENT, ALONG WITH CONFIRMING RECEIPTS.

IF TOTAL AMOUNT EXCEEDS \$999 BOARD APPROVAL IS REQUIRED

Employee Signature [Signature] Date 5/30/19

FOR OFFICIAL USE ONLY:			
Approved	More Info. Needed	Not Approved	Date
<u>[Signature]</u>			
Principal Signature			Date
Approved	More Info. Needed	Not Approved	Date
Superintendent or Designee Signature			Date