

FRANKLIN ELEMENTARY SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dr. Kira Baskerville-Williams Date: 2/5/25

Club Name: _____

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

Type of Fundraiser: Mother's Day Plant Sale

Purpose of Fundraiser: Students and families will have the opportunity to purchase plants. All proceeds will go towards student activities, functions and resources.

What are you selling?

Start Date of Project: 3/1/2025 Completion Date of Project: 5/9/25

Date of Sale(s): From 5/7/2025 To: 5/9/2025

Sale Area/Location: FES Door 9

Sale will be monitored by: Mr. Bailey

***** 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: _____ Date: _____

(Vice) Principal Signature

Signature: Kira Baskerville-Williams Date: 2/5/25

School Treasure Signature

Signature: Nicholas Rabe Date: 2/5/25

Placed on BOE Meeting Agenda for:

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

FRANKLIN ELEMENTARY SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dr Kira Baskerville-Williams Date: 3/5/25

Club Name: _____

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

Type of Fundraiser: SpiritWear Apparel Sale

Purpose of Fundraiser: Students and families will have the opportunity to purchase spiritwear apparel. All proceeds will go towards student activities, functions and resources.

What are you selling? Spiritwear apparel

Start Date of Project: 3/12/2025 Completion Date of Project: 6/24/25

Date of Sale(s): From 3/12/2025 To: 6/24/25

Sale Area/Location: _____

Sale will be monitored by: Ms December Field-Moore

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

Vendor Representative's Name: December Moore

Vendor Business Name: Everything & Moore

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: _____ Date: _____

(Vice) Principal Signature

Signature: [Signature] Date: 3/5/25

School Treasure Signature

Signature: [Signature] Date: 3/5/25

Placed on BOE Meeting Agenda for:

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