



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Tony Stewart Date: 10-23-18

Club Name: Winter Track

Acct. No.: 3270 Acct. Balance to Date: \$ 3900.00

Type of Fund Raiser: GO FUND

Purpose of Fund Raiser: Raise money to Nationals and Needs
Winter Track

Start Date of Project: 12/11 Completion Date of Project: Jan 15, 2019

Date of Sale(s): From 12/11 To: Jan 15, 2019

Sale Area/Location: UHS

Sale will be monitored by: Tony Stewart

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

Vendor Representative's Name: We pay

Vendor Business Name: Soap Fundraiser

Vendor Address: online internet

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: 10/13/18

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: [Signature] Date: 10/23/18

Placed on BOE Meeting Agenda for:

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

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

Add to agenda!!!LOL Ill send it this time!!!

1 message

Phyllis Lang <plang@twpunionschools.org>
To: Diane Cappiello <dcappiello@twpunionschools.org>

Tue, Oct 23, 2018 at 12:07 PM

-- See attached!!! to add to agenda1!!



Thank you

Union High School
Phyllis Lang- Assistant to the Athletic Director, Phys. Ed, Health, & Nurses
2350 North Third Street,
Union, NJ 07083

Phone: 908-851-6515
Fax:908-851-6517

 **Winter Track Fundraiser.pdf**
48K

Fall

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): MARIANNE DECZYNSKI Date: 10/26/18

Club Name: DRAMA

Acct. No.: 41 Acct. Balance to Date: \$8,550.41

Type of Fund Raiser: PROGRAM AD SALES

Purpose of Fund Raiser: To raise funds for the production of Aladdin, Jr

Start Date of Project: DECEMBER 2018 Completion Date of Project: March 2019

Date of Sale(s): From 12/1/2018 To: 3/1/2019

Sale Area/Location: KMS

Sale will be monitored by: MARIANNE DECZYNSKI

***** 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: \$ 0

Proposal Sale Price: \$ 15 - 150

Total Cost of all Products Not to Exceed: \$ 0

Minimum Total Profit Expected: \$ 1500.00

Faculty Advisor Signature

Signature: Marianne Deczynski Date: 10/26/18

Vice Principal Signature

Signature: [Signature] Date: 11/20/18

School Treasure Signature

Signature: [Signature] Date: 10/29/18

Placed on EOE Meeting Agenda for:

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

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): MARIANNE DECZYNSKI Date: 10/26/18

Club Name: MUSIC

Acct. No.: 17 Acct. Balance to Date: \$ 423.15

Type of Fund Raiser: T shirt sale

Purpose of Fund Raiser: To provide music department shirts for students and funds for a potential field trip

Start Date of Project: DECEMBER Completion Date of Project: MAY

Date of Sale(s): From 12/1/18 To: 5/31/19

Sale Area/Location: KMS

Sale will be monitored by: Marianne Deczynski

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

Vendor Representative's Name: Jessica A Cino

Vendor Business Name: Creationsbysahm LLC

Vendor Address: 40 Walnut Street

City: Little Falls State & Zip code: NJ 07424

Unit Cost of Product/Service: \$ 8.00 shirt + \$1.50 screen

Proposal Sale Price: \$ 10.00 A shirt

Total Cost of all Products Not to Exceed: \$ 800

Minimum Total Profit Expected: \$ 80

Faculty Advisor Signature

Signature: Marianne Deczynski Date: 10/26/18

Vice Principal Signature

Signature: [Signature] Date: 10/31/18

School Treasure Signature

Signature: Alyssa Melillo Date: 10/29/18

Placed on EOE Meeting Agenda for:

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

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Rose Voturo (Spagnola) Date: 10/26/18

Club Name: Student Renaissance

Acct. No.: 30 Acct. Balance to Date: \$1062.34

Type of Fund Raiser: Shoebox Recycling

Purpose of Fund Raiser: raise money for kms students & help people in need.

Start Date of Project: 11/21/18 Completion Date of Project: 6/20/19

Date of Sale(s): From N/A To: N/A

Sale Area/Location: Boxes (5) will be set up in various

Sale will be monitored by: locations around school.

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

Vendor Representative's Name: N/A

Vendor Business Name: Shoebox Recycling

Vendor Address: communityrecycling.biz/programs/shoebox-recycling
City: N/A State & Zip code: N/A

Unit Cost of Product/Service: \$ N/A

Proposal Sale Price: \$ N/A

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

Minimum Total Profit Expected: \$ 100

Faculty/Advisor Signature

Signature: Rose Voturo Date: 10/26/18

Principal Signature

Signature: [Signature] Date: 10/26/18

School Treasure Signature

Signature: [Signature] Date: 10/26/18

Placed on BOE Meeting Agenda for:

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

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kristen Hudson Date: 10/20/18

Club Name: ski/snowboard

Acct. No.: 40 Acct. Balance to Date: \$ 771.50

Type of Fund Raiser: candy/soda sale

Purpose of Fund Raiser: Raise money for school ski/snowboard trips throughout the winter.

Start Date of Project: November 2018 Completion Date of Project: March 2019
 Date of Sale(s): From 11/2/18 To: 3/1/19
 Sale Area/Location: main lobby - kms
 Sale will be monitored by: Kristen Hudson

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

Vendor Representative's Name: ski/snowboard club members donate

Vendor Business Name: candy/soda to be sold to lower personal

Vendor Address: cost of each trip
 City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ donated
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ _____
 Minimum Total Profit Expected: \$ 20/sale

Faculty Advisor Signature

Signature: Kristen Hudson Date: 10/25/18

Principal Signature

Signature: [Signature] Date: 10/24/18

School Treasure Signature

Signature: [Signature] Date: 10/26/18

Placed on BOE Meeting Agenda for:

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

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Christina Neas / Alyssa Melillo Date: 10/29/18

Club Name: Student Council

Acct. No.: # 19 Acct. Balance to Date: \$ 3264.24

Type of Fund Raiser: candy cane grams

Purpose of Fund Raiser: Raise money for 8th grade trip.

candy canes bought locally & attached w/ a message. Students send to each other.

Start Date of Project: 12/01/18 Completion Date of Project: 12/21/18

Date of Sale(s): From 12/01/18 To: 12/21/18

Sale Area/Location: All over school

Sale will be monitored by: Christina Neas / Alyssa Melillo

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

Vendor Representative's Name: _____

Vendor Business Name: Costco (for candy canes) / Student Council

Vendor Address: 1055 Hudson St.

City: Union State & Zip code: NJ 07083

Unit Cost of Product/Service: \$ 1.00 (-)

Proposal Sale Price: \$ 0.50/each

Total Cost of all Products Not to Exceed: \$

Minimum Total Profit Expected: \$ 50.00

Faculty/Advisor Signature

Signature: Christina Neas Date: 10/29/18

Principal Signature

Signature: [Signature] Date: 10/29/18

School Treasurer Signature

Signature: Alyssa Melillo Date: 10/29/18

Placed on BOE Meeting Agenda for:

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

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Christina Neas / Alyssa Melillo Date: 10/29/18

Club Name: Student Council

Acct. No. # 19 Acct. Balance to Date: \$ 3264.24

Type of Fund Raiser: Philly Pretzels

Purpose of Fund Raiser: Raise money for 8th grade trip

Start Date of Project: 11/2/18 Completion Date of Project: June 2019

Date of Sale(s): From Tuesdays To: 2:40 - 3:00

Sale Area/Location: main lobby

Sale will be monitored by: Christina Neas / Alyssa Melillo

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

Vendor Representative's Name: _____

Vendor Business Name: Philly Pretzels (of Westfield)

Vendor Address: 295 South Ave East

City: Westfield State & Zip code: NJ 07090

Unit Cost of Product/Service: \$20 for 50 pretzels

Proposal Sale Price: \$2 each

Total Cost of all Products Not to Exceed: \$

Minimum Total Profit Expected: \$100

Faculty Advisor Signature

Signature: [Signature] Date: 10/29/18

Principal Signature

Signature: [Signature] Date: 10/30/18

School Treasure Signature

Signature: Alyssa Melillo Date: 10/29/18

Placed on BOE Meeting Agenda for:

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

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Christina Neas / Alyssa Melillo Date: 10/29/18

Club Name: Student Council

Acct. No.: 19 Acct. Balance to Date: \$3264.24

Type of Fund Raiser: Pictures w/santa

Purpose of Fund Raiser: Raise funds for 8th grade trip.

Start Date of Project: 12/18/19 Completion Date of Project: 12/18/19

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

Sale Area/Location: Main lobby

Sale will be monitored by: Christina Neas / Alyssa Melillo

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

Vendor Representative's Name: _____

Vendor Business Name: Student Council

Vendor Address: _____
City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____
Proposal Sale Price: \$ 2/each
Total Cost of all Products Not to Exceed: \$ _____
Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] Date: 10/29/18

Principal Signature

Signature: [Signature] Date: 10/29/18

School Treasure Signature

Signature: [Signature] Date: _____

Placed on BOE Meeting Agenda for:

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

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

Fundraiser Proposals - November 20th Meeting

1 message

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

Tue, Oct 30, 2018 at 12:06 PM

Hi Diane,

Please add the following fundraiser proposals to the November 20th Agenda:

School/Club: National Spanish Honor Society**School Account #:** 2032**Type of Fundraiser:** Shoprite Bagging Fundraiser**Date of Event:** December 1 through 31, 2018**Purpose of Fund Raiser:** To raise funds for the Spanish Honor Society's scholarships and event fundraising.**School/Club:** Student Council**School Account #:** 2053**Type of Fundraiser:** Bake Sales**Date of Event:** December 14, 2018, through April 12, 2019**Purpose of Fund Raiser:** To raise money for the Student Council upcoming events.**School/Club:** Student Council**School Account #:** 2053**Type of Fundraiser:** Student vs. Faculty Football Game t-shirt sale**Date of Event:** November 21, 2018, through April 1, 2019**Purpose of Fund Raiser:** To raise money for the Student Council upcoming events.**School/Club:** Student Council**School Account #:** 2053**Type of Fundraiser:** Holiday Grams Fundraiser**Date of Event:** November 30, 2018, through December 21, 2018**Purpose of Fund Raiser:** To raise money for the Student Council upcoming events.**School/Club:** Student Council**School Account #:** 2053**Type of Fundraiser:** Powderpuff Football Game Fundraiser**Date of Event:** April 12, 2019, through May 31, 2019**Purpose of Fund Raiser:** To raise money for the Student Council upcoming events.



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Abbate Date: 10/25/18

Club Name: UHSPAC/Swing Choir/Advanced Musical Theatre

Acct. No.: 2106 Acct. Balance to Date: _____

Type of Fund Raiser: snack sale (Smart snack variety)

Purpose of Fund Raiser: To raise money for UHSPAC production + activity costs.

Start Date of Project: 11/2018 Completion Date of Project: 6/2018

Date of Sale(s): From 11/19/18 To: 5/31/18

Sale Area/Location: Union High School

Sale will be monitored by: Melissa Abbate / sales during school day

only before or after school

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

Vendor Representative's Name: _____

Vendor Business Name: Old Fashioned Candy

Vendor Address: Po Box 3367

City: Evansville State & Zip code: IN 47732

Unit Cost of Product/Service: \$ 49 (box)

Proposal Sale Price: \$ 79 per box (\$ 1 per snack)

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

Minimum Total Profit Expected: \$ 5,000

Faculty Advisor Signature

Signature: Melissa Abbate Date: 10/30/18

Vice Principal Signature

Signature: [Signature] Date: 10/30/18

School Treasure Signature

Signature: [Signature] Date: 10/30/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



(/ (tel:800-500-1234) (https://oldfashioncandy.com/checkout/cart/)

50 Cases	\$1,500.00
25 Cases	\$750.00



\$1.00 per Item
Your Profit: \$30.00 per Case

Smart Variety Fundraiser

Get on board with tasty and conscious snacks that can be sold during school hours with the Smart Variety. Top brand names such as Nature Valley, Welch's and Kellogg's make up this grain packed case so your fundraiser will bring in a healthy profit.

Case Contents

Reviews

Candy In Schools FAQs

Quantity **ADD TO CART**

Shoprite



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): L. Castaneda (A. Peralta) Date: 10/26/18

Club Name: National Span Honor Society

Acct. No.: 2032 Acct. Balance to Date: 461.47

Type of Fund Raiser: Shoprite Bagging Donations

Purpose of Fund Raiser: Raise money for future events for Society by bagging for donations. (Preferred dates first or second weekend of Dec, 2018)

Start Date of Project: December 1 Completion Date of Project: December 31, 2018

Date of Sale(s): From 12/1/18 To: 12/31/18

Sale Area/Location: Shoprite, Union, NJ - Route 22

Sale will be monitored by: L. Castaneda + A. Peralta

***** 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: 10-29-2018

Vice Principal Signature

Signature: [Signature] Date: 10-30-18

School Treasure Signature

Signature: [Signature] Date: 10-30-18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Victoria Manjivar Date: 10/1/18

Club Name: Student Council

Acct. No.: 2053 Acct. Balance to Date: \$5,254.44

Type of Fund Raiser: Bake Sales (Year Round) 9 in total

Purpose of Fund Raiser: _____

I need specific dates because other clubs already have dates. Thanks.

Start Date of Project: _____ Completion Date of Project: _____

Date of Sale(s): From 12/14, 1/4, 1/18, 2/12, 3/8, 4/12 To: _____

Sale Area/Location: _____

Sale will be monitored by: _____

***** 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: 10/1/18

Vice Principal Signature

Signature: [Signature] Date: 10/29/18

School Treasure Signature

Signature: [Signature] Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dana Bobertz Date: 10/19/2018

Club Name: Creative Content Club

Acct. No.: _____ Acct. Balance to Date: 0

Type of Fund Raiser: ① Bake sale, ② raffle, ③ Holiday showcase, ④ t-shirt sale, ⑤ Spring Fling

Purpose of Fund Raiser: to build an account balance for senior scholarships, guest speakers, and an end of the year showcase/celebration

Start Date of Project: 11/26/2018 Completion Date of Project: 5/31/2018

Date of Sale(s): From 11/26/2018 To: 5/31/2018

Sale Area/Location: 2110, VHS Library, front lobby, Rock entrance

Sale will be monitored by: Dana Bobertz

***** 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:	\$ <u>1-3, 5</u> N/A	#4 \$10-12	
Proposal Sale Price:	\$ <u>1-3, 5</u> under \$5	#4 \$15	
Total Cost of all Products Not to Exceed:	\$ <u>500</u>		
Minimum Total Profit Expected:	\$ <u>100</u>		

Faculty Advisor Signature

Signature: [Signature] Date: 10/19/2018

Vice Principal Signature

Signature: [Signature] Date: 10/19/18

School Treasure Signature

Signature: [Signature] Date: 10/24/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/9

Club Name: Awareness & Empowerment

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

Type of Fund Raiser: Teacher Dress Down

Purpose of Fund Raiser: Raise Money for charity (Aids Res. Foundation for Children) and club use

Start Date of Project: 12/7/18 Completion Date of Project: 12/7/18

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

Sale Area/Location: Major Office upon Sign-in

Sale will be monitored by: Patricia Bridges & Michael Mayes

*****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: 10/9/18

Vice Principal Signature

Signature: [Signature] Date: 10/29/18

School Treasure Signature

Signature: [Signature] Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Victoria Menjivar Date: 10/1/18

Club Name: Student Council

Acct. No.: 2053 Acct. Balance to Date: \$ 5,254.44

Type of Fund Raiser: Students vs. Faculty Football Game

Purpose of Fund Raiser: See Attached

Start Date of Project: _____ Completion Date of Project: _____
 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: _____

Vendor Business Name: _____

Vendor Address: _____ State & Zip code: _____
 City: _____

Unit Cost of Product/Service: \$ _____
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ _____
 Minimum Total Profit Expected: \$ _____

Signature: [Signature] Faculty Advisor Signature Date: 10/1/18

Signature: [Signature] Vice Principal Signature Date: 10/3/18

Signature: [Signature] School Treasure Signature Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____





UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Victoria Menjivar Date: 10/1/18

Club Name: Student Council

Acct. No.: 2053 Acct. Balance to Date: \$5,254.44

Type of Fund Raiser: Holiday Grams

Purpose of Fund Raiser: See Attached

Start Date of Project: _____ Completion Date of Project: _____
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: _____

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: 10/1/18

Vice Principal Signature

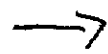
Signature: [Signature] Date: 10/3/18

School Treasure Signature

Signature: [Signature] Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____





UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Victoria Menjivar Date: 10/1/18

Club Name: Student Council

Acct. No.: 2053 Acct. Balance to Date: \$5254.44

Type of Fund Raiser: PowderPuff Football Game

Purpose of Fund Raiser: See attached

Start Date of Project: _____ Completion Date of Project: _____

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: _____

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: \$ _____

Signature: [Signature] Faculty Advisor Signature Date: 10/1/18

Signature: [Signature] Vice Principal Signature Date: 10/3/18

Signature: [Signature] School Treasure Signature Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Victoria Menjivar Date: 10/1/18

Club Name: Student Council

Acct. No.: 2053 Acct. Balance to Date: \$5,254.44

Type of Fund Raiser: March Madness (Basketball)

Purpose of Fund Raiser: See Attached

Start Date of Project: _____ Completion Date of Project: _____

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: _____

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: \$ _____

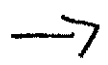
Signature: [Signature] Faculty Advisor Signature Date: 10/1/18

Signature: [Signature] Vice Principal Signature Date: 10/3/18

Signature: [Signature] School Treasure Signature Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____





UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Victoria Henjiver Date: 10/1/18

Club Name: Student Council

Acct. No.: 2053 Acct. Balance to Date: \$5,254.44

Type of Fund Raiser: Valentine's Day Grams

Purpose of Fund Raiser: See attached

Start Date of Project: _____ Completion Date of Project: _____

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: _____

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: \$ _____

Signature: [Signature] Faculty Advisor Signature Date: 10/1/18

Signature: [Signature] Vice Principal Signature Date: 10/3/18

Signature: [Signature] School Treasure Signature Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): AGATA KANIA-CYBURT Date: 10/24/2018

Club Name: GERMAN NATIONAL HONOR SOCIETY

Acct. No.: 2038 Acct. Balance to Date: 2038

Type of Fund Raiser: PRETZEL SALE

Purpose of Fund Raiser: RAISE FUNDS FOR FIELD TRIP TO GERMAN ART GALLERY IN NEW YORK

Start Date of Project: _____ Completion Date of Project: _____

Date of Sale(s): From 11.16.2018 AT 2:40PM To: 3:30 PM

Sale Area/Location: MAIN HALL NEXT TO THE AUDITORIUM

Sale will be monitored by: AGATA KANIA-CYBURT

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

Vendor Representative's Name: _____

Vendor Business Name: Philly Pretzel Factory

Vendor Address: 713 Broadway, Bayonne

City: Bayonne State & Zip code: NJ

Unit Cost of Product/Service: \$ 0.47

Proposal Sale Price: \$ 1

Total Cost of all Products Not to Exceed: \$ 47

Minimum Total Profit Expected: \$ 53

Faculty Advisor Signature

Signature: A. Kania-Cyburt Date: 10/24/2018

Vice Principal Signature

Signature: [Signature] Date: 10/25/18

School Treasure Signature

Signature: [Signature] Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Grace Mitchko Date: 10/25/18

Club Name: HOSA

Acct. No.: _____

Acct. Balance to Date: _____

Type of Fund Raiser: Food Drive

Purpose of Fund Raiser: Food Drive for TWP Union Municipal Building Food pantry - before thanksgiving.

Start Date of Project: 10/25/18

Completion Date of Project: 11/21/18

Date of Sale(s): From _____ To: Ø

Sale Area/Location: Front hallway by front office

Sale will be monitored by: Grace Mitchko

(Please provide a large box for items)

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Signature: [Signature] Faculty Advisor Signature Date: 10/25/18

Signature: [Signature] Vice Principal Signature Date: 10/25/18

Signature: [Signature] School Treasure Signature Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018

Approved: YES NO

By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): SAFRANEK Date: 10/5/18

Club Name: French Honor Society (SHF)

Acct. No.: NO Acct. Balance to Date: \$762.94

Type of Fund Raiser: Tee-shirts

Purpose of Fund Raiser: to raise \$ for senior convs / club holiday parties / scholarships

Start Date of Project: 3/1/19 Completion Date of Project: 4/1/19

Date of Sale(s): From 3/1/19 To: 4/1/19

Sale Area/Location: C 128 - all \$ collected

Sale will be monitored by: SAFRANEK / SHF

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

Vendor Representative's Name: Patthy Smith 1 800 827 8337 x123

Vendor Business Name: Image marketing

Vendor Address: 10045 Scott Circle

City: Omaha State & Zip code: NE 68122

Unit Cost of Product/Service: \$ 15.00

Proposal Sale Price: \$ 18.00

Total Cost of all Products Not to Exceed: \$ 500.00

Minimum Total Profit Expected: \$ 220.00

Faculty Advisor Signature

Signature: [Signature] Date: 10/25/18

Vice Principal Signature

Signature: [Signature] Date: 10/25/18

School Treasure Signature

Signature: [Signature] Date: 10/27/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Cheryl Fiske, Tara Scaramozzi, Megan Kaplan, William Eichen Date: 10/29/18

Club Name: Senior Class

Acct. No.: 2214 Acct. Balance to Date: _____

Type of Fund Raiser: Coca Cola Soda Machine in Teachers Cafeteria

Purpose of Fund Raiser: raise funds for senior class

Start Date of Project: ACAP 11/20/18 Completion Date of Project: June 30, 2019

Date of Sale(s): From ASAP 11/20/18 To: June 30, 2019

Sale Area/Location: Teachers Cafeteria

Sale will be monitored by: senior class advisors

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

Vendor Representative's Name: N/A all done online

Vendor Business Name: Coca Cola Liberty Coca Cola Beverages

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$.80

Proposal Sale Price: \$ 1.00

Total Cost of all Products Not to Exceed: \$ several orders throughout year

Minimum Total Profit Expected: \$ 900.00

Faculty Advisor Signature

Signature: [Signature] Date: 10/29/18

Vice Principal Signature

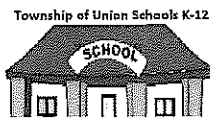
Signature: [Signature] Date: 10/29/18

School Treasure Signature

Signature: [Signature] Date: 10/29/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 Approved: YES NO By: _____



Diane Cappiello <dcappiello@twpunionschools.org>

Art Honor Society - Christmas Ornament Fundraiser

1 message

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

Tue, Oct 30, 2018 at 4:33 PM

Hi Diane,

Thank you for accepting this information last minute. Please add the following fundraiser proposals to the November 20th Agenda:

School/Club: Nat'l Art Honor Society

School Account #: 2030


Date of Event: November 26, 2018, to December 20, 2018

Purpose of Fund Raiser: To raise funds for the Senior Nat'l Art Honor Society Scholarships & NAHS Fund.

Thank You!

Lori-Ann A. Boyd
TWP of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
P: 908.851.4439
lboyd@twpunionschools.org
HUMAN. KIND. BE BOTH. -Lori A. Boyd

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750K



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Tatiana Amets Ocasio + T. DAMO Date: 10/24/18

Club Name: National Art Honor Society

Acct. No.: 2030 Acct. Balance to Date: 257.76

Type of Fund Raiser: Annual Holiday Ornament Sale

Purpose of Fund Raiser: raise funds for scholarship fund

Start Date of Project: 11/26/18 Completion Date of Project: 12/20/18

Date of Sale(s): From 12/3/18 To: 12/17/18

Sale Area/Location: D210-UHS

Sale will be monitored by: Mrs. Amets Ocasio + Miss. T. Domo

***** 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: T.M. DAMO Date: 10/30/18

Vice Principal Signature

Signature: K.M. USLU Date: 10/30/18

School Treasure Signature

Signature: [Signature] Date: 10/30/18

Placed on BOE Meeting Agenda for:

Month: Nov Year: 2018 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: 10/26/18
 Employee Name: Tatiana Ameta Orasio
 Acct Name: NAHS
 Acct. No.: 2030

Reason for Reimbursement Request:
Buying supplies for annual NAHS ornament sale

Estimate of Itemized Expenses


DESCRIPTION	COST
Wood Slives	\$ 150. ⁰⁰
String / Ribbon	\$ 20. ⁰⁰
Paint	\$ 30. ⁰⁰
	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL AMOUNT OF REIMBURSEMENT: \$ 200.⁰⁰

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  Date 10/26/18

FOR OFFICIAL USE ONLY:			
Approved	More Info. Needed	Not Approved	Date
Principal Signature			Date
Approved	More Info. Needed	Not Approved	Date
Superintendent or Designee Signature			Date

NAHS ORNAMENT SALE
ORDER FORM
\$3.00/ ORNAMENT

NAME

HOMEROOM/ ROOM #

NUMBER OF ORNAMENTS

PLEASE REMEMBER ORNAMENTS ARE APPROXIMATELY 2 ½ TO 3 INCHES WIDE! SHORT PHRASES WORK BEST!!!!

Joy	Peace	Merry	Let it Snow
Jingle Bells	Hope		
Frosty	Merry and Bright	Thankful	Love Happy Holidays
	Merry Christmas 2016		
Noel	XOXO	Winter	

YOU MAY PERSONALIZE WITH NAMES, PHRASES, INITIALS- FOR EXAMPLE "THE SMITHS" "MR. AND MRS."

PLEASE SPECIFY A DESIGN YOU WOULD LIKE OR CHOOSE FROM BELOW.

Stars	Snow Covered Trees	Christmas Tree
Snowflake		
Garland	Deer/ Reindeer	Curly Q's/ Lines
Snowman		
Holly	Ornaments	Heart
Bow		
Wreath	Student Original Design	
Other		

Ornament #1- Phrase _____, and/ or Design _____

Ornament #2- Phrase _____, and/ or Design _____

Ornament 3- Phrase _____, and/ or Design _____

PLEASE RETURN FORM AND MONEY TO D210- MISS. ARRIETA OR MISS. DAMO - BY MONDAY
12/17/18!!!!

ORNAMENTS WILL BE COMPLETED AND DELIVERED BY 12/20/18



Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Bridget Sloan Date: 10/30/2018

Club Name: Drama Club (School Play)

Acct. No.: # 2011 Acct. Balance to Date: 7146.13

Type of Fund Raiser: Dress Down Day / SPIRIT wear Fundraiser

Purpose of Fund Raiser: Raise funds for Drama/theatre
Dress Down Days with crew shirts already
purchased to raise funds for school play

Start Date of Project: NOV 15 Completion Date of Project: March 1st 2019

Date of Sale(s): From N/A To: _____

Sale Area/Location: BMS

Sale will be monitored by: Bridget Sloan

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

Vendor Representative's Name: N/A

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: BSLOAN Date: 10/31/18

Vice Principal Signature

Signature: Janey Hood Date: 10/31/18

School Treasure Signature

Signature: Wynelle Kapke Date: 10/31/2018

Placed on BOE Meeting Agenda for:

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

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kristin Leigher Date: 10/30/2018

Club Name: Builder's Club, Student Council, NJHS

Acct. No.: # 2007 Acct. Balance to Date: \$1,305.14

Type of Fund Raiser: Family Winter Festival & Vendor Fair

Purpose of Fund Raiser: Raise funds for school wide events - from Builders Club and Student Council

Start Date of Project: NOV 16-2018 Completion Date of Project: Dec 7-2018

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

Sale Area/Location: BMS

Sale will be monitored by: Kristin Leigher

*****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: Kristin Leigher Date: 10-31-2018

Vice Principal Signature

Signature: [Signature] Date: 10-31-2018

School Treasure Signature

Signature: [Signature] Date: 10/31/2018

Placed on BOE Meeting Agenda for:

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