

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Fatima DeCorte Date: 11/18/24

Club Name: PBSIS

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

Type of Fund Raiser: PBSIS rewards

Purpose of Fund Raiser: raise funds for PBSIS rewards -
selling Thanksgiving Turkeys for Gratitude

Start Date of Project: 11/18/24 Completion Date of Project: 11/20/24

Date of Sale(s): From 11/18/24 To: 11/18/24

Sale Area/Location: classroom

Sale will be monitored by: F. DeCorte

*****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: \$ 0.00

Proposal Sale Price: \$ 1.00

Total Cost of all Products Not to Exceed: \$ 0.00

Minimum Total Profit Expected: \$ 200.00

Faculty Advisor Signature

Signature: [Signature] Date: 9/20/24

(Vice) Principal Signature

Signature: [Signature] Date: 9/20/24

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

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

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Fatima DeCorte Date: 9/20/24

Club Name: PBSIS

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

Type of Fund Raiser: PBSIS rewards

Purpose of Fund Raiser: raise funds for PBSIS rewards - selling
PINK RIBBONS for Breast Cancer Awareness

Start Date of Project: 10/23/24 Completion Date of Project: 10/24/24

Date of Sale(s): From 10/23 To: 10/24/24

Sale Area/Location: Capetonic

Sale will be monitored by: F. DeCorte

***** 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>0</u> |
| Proposal Sale Price: | \$ <u>1.00</u> |
| Total Cost of all Products Not to Exceed: | \$ <u>0.00</u> |
| Minimum Total Profit Expected: | \$ <u>200.00</u> |

Faculty Advisor Signature

Signature: [Signature] Date: 9/20/24

(Vice) Principal Signature

Signature: [Signature] Date: 9/20/24

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

| | | | |
|--------------|-------------|--|-----------|
| Month: _____ | Year: _____ | Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO | By: _____ |
|--------------|-------------|--|-----------|