

# KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

**Applicant Information**

Faculty Member (s): Anna D'Acciello + Jessica Cino Date: 9/11/24

Club Name: MUSIC Department

Acct. No.: # 17 Acct. Balance to Date: \$633.00

Type of Fund Raiser: Money Dolly virtual Fundraising

Purpose of Fund Raiser: To raise funds for our year-end trip to compete

Start Date of Project: 11/1/24 Completion Date of Project: 11/28/24

Date of Sale(s): From 11/1 - 11/28/24 To: \_\_\_\_\_

Sale Area/Location: Virtual

Sale will be monitored by: A. D'Acciello + J. Cino

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

Vendor Representative's Name: Money Dolly

Vendor Business Name: Money Dolly

Vendor Address: moneydolly.com/about

City: \_\_\_\_\_ State & Zip code: \_\_\_\_\_

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: \$ Unknown

**Faculty Advisor Signature**

Signature: [Signature] Date: 9/11/24

**Principal Signature**

Signature: [Signature] Date: 9/11/24

**School Treasure Signature**

Signature: [Signature] Date: 9/11/24

**Placed on BOE Meeting/Agenda for:**

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

# KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Anna D'Achille + Jessica Cino Date: 9/11/24

Club Name: MUSIC Department

Acct. No.: #17 Acct. Balance to Date: \$633.00

Type of Fund Raiser: Bake/snack sales - weekly

Purpose of Fund Raiser: To raise money for an year-end trip

Start Date of Project: 11/1/24 Completion Date of Project: 6/1/24

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

Sale Area/Location: Cafeteria + Lobby (after school)

Sale will be monitored by: A. D'Achille + J. Cino

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

Vendor Representative's Name: N/A - Items donated by

Vendor Business Name: N/A music students

Vendor Address: N/A

City: N/A State & Zip code: N/A

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

Proposal Sale Price: \$ 1-3 per item

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

Minimum Total Profit Expected: \$ 1000

### Faculty Advisor Signature

Signature: [Signature] Date: 9/11/24

### Principal Signature

Signature: [Signature] Date: 9/16/24

### School Treasure Signature

Signature: [Signature] Date: 9/11/24

### Placed on BOE Meeting Agenda for:

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