

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Fatima Decorte Date: 9/9/25

Club Name: PBSIS

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

Type of Fund Raiser: PBSIS rewards

Purpose of Fund Raiser: raise funds for PBSIS rewards

Start Date of Project: 10/24/25 Completion Date of Project: 10/24/25

Date of Sale(s): From 10/24/25 To: _____

Sale Area/Location: Cafeteria

Sale will be monitored by: F. Decorte

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

Vendor Representative's Name: N/A

Vendor Business Name: N/A

Vendor Address: N/A

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ 1.00

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

Minimum Total Profit Expected: \$ 100.00

Faculty Advisor Signature

Signature: [Signature] Date: 9/9/25

(Vice) Principal Signature

Signature: [Signature] Date: 9/9/25

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

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