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REQUEST TO CONDUCT FUNDRAISER

For Office Use Only: School Year _____ Fundraiser Number _____

Complete this form for BOTH INTERNAL & EXTERNAL fund raisers. Please complete ALL information requested and submit this request to the school principal/building director. Attach additional sheets if necessary. The contact person listed below will be notified of the decision relative to this request.

1. School(s) involved in the activity: _____
2. Group(s) that will be conducting the proposed activity: _____
3. School Principal(s) or Group Sponsor(s): _____
4. Indicate a contact person of record for this activity. This should be a principal, group sponsor, activity chairperson, etc. This person must sign below before submitting this request.

Contact: _____
 Telephone: _____
 Email: _____

5. Name of Fund Raiser Activity: _____

6. Describe the activity in detail. Include such information as goods or services being sold, items collected, type of support solicited, etc. Attach additional information (flyers, signs, announcements) if available or if more space is necessary to respond.

7. Dates of Activity: Starting Date-_____ Ending Date-_____

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8. Will students be involved (i.e. sales, solicitation, distribution, and collection) in the fund raising activity? Yes No. If so, about how many students would be involved? ____

9. Describe all ways in which students will be participating?

10. Will businesses or civic organizations be asked to contribute? Yes No
If so, how many? Describe:

11. Has your group approved a budget (attach copy with your request) for this activity?
[] Yes [] No.

12. Specifically, if you will be collecting money in anyway, approximately how much will be collected and what is the anticipated profit? (This may be based on previous years' activities) Collected \$ _____ Profited \$ _____

13. If money is collected, describe the intended use(s) of these funds.

14. If support or contributions (e.g. coupons, receipt labels, etc.) other than money is being sought, describe:

15. As a follow-up, what will be the result of collecting these items (e.g. computers, encyclopedias, etc.) - and how might they be used?

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16. Was this same, or similar, fundraising activity conducted this previous year? Yes No.
If so, what was the net result (profit, equipment received, etc.) and how has this been put to use?

17. As a follow-up to #16, were any problems previously encountered with this activity?
 Yes No If so, describe the problems and what corrective action was taken.

18. To the best of my knowledge, the information provided above is correct and complete. I understand that the failure of the school(s), group(s), or other participants in the above described activity to follow the Macon County Board of Education Policy on fundraising activities or other applicable policies may result in this activity being suspended and/or future fundraising activities of the parties involved being denied.

Signature of Fund Raiser Contact

Date

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ACTION TAKEN BY PRINCIPAL/FUND RAISER REVIEW COMMITTEE

PRINCIPAL: (Please check one)

This request constitutes an Internal or an External activity

Check One:

Recommended Approval

Do Not Recommend Approval

Justification:

Signature of Principal

Date

CENTRAL OFFICE RESPONSE:

Approve

Disapprove

Signature of Superintendent

Date

Additional approval notes:

If disapproved, reasons/considerations: