



FUNDRAISING ACTIVITY FORM

Center:

Proposed Dates:

Name/Type of Fund Raising Activity (if a raffle, where are items coming from?)

Purpose/Goal of this Fund Raising Activity:

Where will activity take place?

Who will be involved in raising the funds?

Have the parents been involved in the planning and goals if they are to be involved in raising money? Yes No **Parent Chairperson:**

How much money do you anticipate raising?

How much time will staff members be taking away from their normal HS/EHS job duties to participate in this activity?

Are there any risks or liability factors in this activity? Yes No

If yes, have you checked with the financial controller to see if the risks are covered by RCCDC liability insurance?

Have you tried this activity in the past? Yes No

If yes, how much money was raised?

I believe this to be a well-planned activity, and I feel that the funds raised by this activity will warrant the effort put forth by parents and staff.

Center Manager Signature:

Budget Category:

Budget Category Approval Signature:

Business Operations Supervisor:

Center Manager notified of approval:



FUNDRAISING ACTIVITY OUTCOME REPORT

OUTCOME REPORT (submit with deposit slip):

Date event held:

Total funds raised:

Total profit to center/program:

Date funds deposited in Non Federal account:

Number of deposits:

Would you hold this type of fundraiser again: **Yes** **No** If no, why not?

Additional comments:

Center Manager Signature: