

# PRESTON COUNTY SCHOOLS FUNDRAISING ACTIVITY REQUEST

Office Use Only

Date Received

Name of School: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

**All Fund Raisers must comply with Preston Co. Board Policy §5-21, Accounting Procedures Manual for Public Schools in West Virginia (Chapter 1-34), and State Standards for School Nutrition Policy 4321.1 (§126-86).**

-----Complete Information for Line 1 – 11 or Mark N/A -----

1. Name of Activity: \_\_\_\_\_

2. Location of Activity: \_\_\_\_\_

3. Date(s) of Activity: \_\_\_\_\_

4. Reason for Fundraising Activity: \_\_\_\_\_

\_\_\_\_\_

5. Educational Value to Students: \_\_\_\_\_

\_\_\_\_\_

6. Name of any outside business/company involved: \_\_\_\_\_

7. Number of students or grades participating: \_\_\_\_\_

8. Your organization's percentage of profit: \_\_\_\_\_ %

9. If outside/company, their profit margin: \_\_\_\_\_ %

10. Projected Revenue to be Raised: \$ \_\_\_\_\_

11. Will School Facility need to be reserved?  YES  NO

(If yes, please fill out Facility Use Form and attach) FY \_\_\_\_\_ No. \_\_\_\_\_

-----For Office Use Only -----

Principal's Signature: \_\_\_\_\_

Treasurer/CSBO's Signature: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

**No Fundraiser may begin without first being approved by the BOE.  
All fundraisers are subject to audit.**