

## Parent Advisory Committee: Fundraising Proposal Form

|                                |  |                       |                     |
|--------------------------------|--|-----------------------|---------------------|
| <b>Center &amp; Classroom:</b> |  | <b>#</b>              | <b>1 - 2</b>        |
| <b>Date of Fundraiser:</b>     |  | <b>Plan to Begin:</b> | <b>Plan to End:</b> |
| <b>Fundraiser Event:</b>       |  |                       |                     |
| <b>Fundraiser Place:</b>       |  |                       |                     |

**1. Purpose of Fundraiser (clearly explain how proceeds will be used):**

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**2. Describe Event:** \_\_\_\_\_

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**3. Supplies Acquired By:**

- Parent Donations
- Business Donations – please list: \_\_\_\_\_  
\_\_\_\_\_
- Fund Account – please list: \_\_\_\_\_  
\_\_\_\_\_

By signing this *Fundraising Proposal*, I have agreed to participate in the fundraising event from start to finish and will make certain that all monies raised will be used towards purpose listed above. I am also responsible for completion and submission of the *Fundraiser Closeout* Form at the close of this event within the designated time.

|         | Phone Numbers   |          | Print Name | Signature | Date |
|---------|---|----------|------------|-----------|------|
| Parent  | Day:  | Evening: |            |           |      |
| Parent  | Day:  | Evening: |            |           |      |
| Teacher | <i>Parents have informed me of classroom fundraising event:</i> |          |            |           |      |

**Policy Council Member:** \_\_\_\_\_  
Signature
Date

## Parent Advisory Committee: Fundraising Closeout Form

|  |  |                    |
|--|--|--------------------|
| Center & Classroom:                              |  |                    |
| Fundraiser Date:                                 |  | Form completed on: |
| Fundraiser Event:                                |  |                    |
| Fundraiser Purpose:                              |  |                    |
| Fundraiser Approved by Policy Council on (date): |  |                    |
| Fundraiser Profit                                |  |                    |
| <b>Total in Sales:</b>                           |  |                    |
| <b>Total Expenses:</b>                           |  |                    |
| <b>Profit:</b>                                   |  |                    |

**Please answer questionnaire:**

- |  |     |    |
|--|-----|----|
| 1. Participation was an expected           | YES | NO |
| If no, explain: _____                      |     |    |
| 2. We exceeded expected sales and proceeds | YES | NO |
| If no, explain: _____                      |     |    |

**We have acknowledged the following amount:** \_\_\_\_\_  
**(2 parent signature required)**

Signed: \_\_\_\_\_  
(Date)

Signed: \_\_\_\_\_  
(Date)

|         | Phone Number | Print Name | Signature | Date |
|---------|--------------|------------|-----------|------|
| Primary |              |            |           |      |
| Primary |              |            |           |      |
| Teacher |              |            |           |      |