NORTHERN POTTER SCHOOL DISTRICT

Fundraising Activity Request Form

Reminder: Fundraising requests should be submitted **at least 60 days prior** to the event. Product-based fundraisers are limited to **two (2) per student activity account per school year** unless otherwise approved. Financial reports are due **within two weeks** following the fundraiser.

Organization Information

Name of Student Organization/Activity Account: _____

Faculty Advisor: _____

Date Submitted: _____

Fundraiser Information

Name of Fundraiser: _____

Start Date: _____

End Date: _____

Type of Fundraiser (Check One)

- ☐ Product Sale, Description of Product(s) _____
  - ☐ How many product sale fundraisers have you had this year, prior to this one? _____
- ☐ Community Event, Description _____
- ☐ Donation Drive, Description _____
- ☐ Other: _____

Purpose of the Fundraiser (Describe how the funds will benefit students and what company is being used)

_____

_____

Administrative Review

Principal

- ☐ Approved
- ☐ Denied (Comments): _____

Principal Signature: _____Date: _____

Superintendent

- ☐ Approved
- ☐ Denied (Comments): _____

Superintendent Signature: _____Date: _____

Scheduling

☐ This fundraiser has been added to the Google Master Calendar.

☐ This is an annual fundraiser. If yes, What is the date from the previous year? _____

What is the anticipated annual date for next school year?: _____

Financial Information

Estimated amounts must be completed when the fundraising request is submitted. Actual amounts must be completed within two weeks after the fundraiser has concluded.

Item	Estimated Amount	Item	Actual Amount
Estimated Revenue	$_____	Gross Revenue	$_____
Estimated Expenses	$_____	Expenses	$_____
Estimated Profit	$_____	Net Profit	$_____
Estimated Profit Percentage	_____%	Variance	_____

A minimum profit margin of 40% is preferred whenever feasible.

Officer/Advisor Certification

I certify that:

☐ This fundraiser complies with district fundraising guidelines.

☐ The information provided is accurate.

☐ All proceeds will be deposited into the appropriate student activity account.

Student Officer Signature: _____Date: _____

Faculty Advisor Signature: _____Date: _____

Note: Complete the **Estimated Amounts** section when submitting this request. Complete the **Actual Amounts** section after the fundraiser has concluded and return the completed financial report within two weeks, attached to page one.