



NC RESA Fund Raising Proposal Form

Due at least 6 weeks before the fundraising activity

Date: _____ Dates of Fundraiser: _____ Staff Member(s): _____

Department: Early Childhood NCCTC Special Education Other: _____

Name of Fundraising Partner/Company: _____

Contact: _____

Fundraiser Description: _____

Anticipated Net Profit: _____ Account Profit Deposited: _____

Profit is Earmarked For: _____

Can you return unsold product to the company? **Y / N**

Where will product be sold and distributed? _____

Is this an online fundraiser? **Y / N**

Have you read the Board Policy for online fundraising? **Y / N**

Do you understand the federal guidelines regarding the sale of food at school? **Y / N**

Who will be responsible for the safety and supervision of any students involved in this project? _____

Signature of Staff Member

Date

Project Approved _____ Denied _____

Signature of Supervisor

Project Approved _____ Denied _____

Signature of Superintendent