



Code: **KH-AR**
Revised/Reviewed: 11/07/06; 10/22/14
Orig. Code(s): KH-AR

Fund-Raising Request/Business Plan

School: _____ Organization: _____

When will fund raising begin? _____ When will fund raising end? _____

Purpose of fund raising (what will the funds be used for)?

What is the educational or co-curricular benefit to the school?

What fund-raising activity(s) will occur?

How much money is to be raised? _____ How many students will be involved? _____

Is any student or staff release time from school being requested? Yes No

How much time? _____ When? _____

Who will supervise and take responsibility for the fund raising?

Who will keep records of receipts and payments of the funds?

Where will the money be deposited? _____

If insufficient funds are raised, what will happen to monies collected?

Signature of Person Requesting Approval

Date

Signature of Principal

Date