

# FREDERICK AREA SCHOOL DISTRICT NO. 6-2

P.O. BOX 486 – 202 EAST MAIN ST.  
FREDERICK, SD 57441-0486

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*"Dedicated to a Quality Education for All Students"*

## Fundraising Plan Application

All clubs, teams and school organizations classified as priority 1 must submit this Fundraising Plan Application to the Superintendent by October 1<sup>st</sup> of existing year. Other outside organizations classified as priority 2 and 3 are also required to submit this form as needed.

This application must include proposed fundraising activities for your club, team or organization for the school year. Each activity must be listed on a separate Fundraiser Request Form.

### Application Checklist

- Complete this form with appropriate information and signatures.
- Attach a separate Fundraiser Request Form for each proposed activity.
- Submit copies of Fundraising Plan Application and Fundraiser Request Form to the Superintendent's Office.
- Submit Fundraiser Completion Report to the Business Office within two weeks of the conclusion of each fundraiser or by June 30<sup>th</sup> which ever comes first.

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

Name of Coach/Advisor/Leader: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization's Leadership: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For office use only.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

# Fundraiser Request Form

Complete and return this form to the Superintendent's Office with your Fundraising Plan Application

Duplicate if necessary

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

Coach/Advisor/Leader: \_\_\_\_\_

Proposed Fundraising Activity (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact Date(s) of Proposed Activity: \_\_\_\_\_

Amount you expect to raise: \$ \_\_\_\_\_

Purpose of Fundraiser (include where money will be spent/donated): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this form must be completed, signed, and submitted to the Superintendent's Office with my Fundraising Plan Application. Failure to do so will result in denial of the activity. I understand that my team/club/organization cannot conduct fundraising activities without the approval of the Superintendent.

I understand that the Fundraiser Completion Report Form must be submitted to the Business Office within two weeks of the completion of this activity or by June 30<sup>th</sup> which ever comes first. Failure to do so will result in denial of future activities.

Coach/Advisor/Leader signature: \_\_\_\_\_

Date: \_\_\_\_\_ **Thirty day check back date:** \_\_\_\_\_

**THIS FUNDRAISER CAN NOT BEGIN UNTIL APPROVED.**

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

\_\_\_\_\_  
Date: \_\_\_\_\_  
Superintendent, Frederick Area School District

# Fundraiser Completion Report

Complete and return this form to the Business Office within two weeks of the conclusion of each fundraiser or by June 30th whichever comes first.

Duplicate if necessary

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

Coach/Advisor/Leader: \_\_\_\_\_

Fundraising Activity and Date (be specific): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Event Income and Expenses:

| Itemized Income | Amount |
|-----------------|--------|
|                 |        |
|                 |        |
|                 |        |
|                 |        |
|                 |        |
|                 |        |
|                 |        |
|                 |        |
| Total Income    | \$     |

| Itemized Expenses | Amount |
|-------------------|--------|
|                   |        |
|                   |        |
|                   |        |
|                   |        |
|                   |        |
|                   |        |
|                   |        |
|                   |        |
| Total Expenses    | \$     |
| Net Profit/Loss   | \$     |

Attach additional pages as needed.

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For office use only.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_