

SANTA PAULA UNIFIED SCHOOL DISTRICT
FUNDRAISING ACTIVITIES

SCHOOL: _____ SUBMITAL DATE: _____

NAME OF ACTIVITY/EVENT: _____

ACTIVITY SPONSOR: Student Body ____ Parent Organization ____ Other: _____

PURPOSE (Study trips; uniforms; books; awards, incentives, etc.): _____

DATE OF ACTIVITY/EVENT: _____ TIME OF FUNDRAISER: _____

(Exact date/s, if known; Month/s; Ongoing; or Seasonal)

(Exact time sales to take place)

CHECK ONE OF THE THREE BOXES BELOW TO DENOTE THE TYPE OF FUNDRAISER YOU ARE DOING:

NON-FOOD FUNDRAISER (Be sure to describe above on "Name of Activity/Event")

FOOD/BEVERAGE FUNDRAISER ½ HOUR AFTER SCHOOL IS RELEASED (No regulations apply):

(List all Items being sold on line above please)

FOOD/BEVERAGE FUNDRAISER AFTER MID-DAY LUNCH PERIOD - List all items being sold below:

PLEASE NOTE: *In compliance with Board Policy 5030 Student Wellness "...the district does not allow foods or beverages made at home to be brought to school to be served to students during the school day."*

K-5 SCHOOLS ONLY: *Title 5 and SB 12/965 regulations: (1) Requires Board approval; (2) Only one item may be sold; (3) Items may not be prepared on site; (4) Food is **not** sold in Food Service that day; (5) Limited to four sales a school year; (6) Only compliant food/beverage may be sold (Contact Child Nutrition Services).*

MIDDLE SCHOOL ONLY: *Title 5 and SB 12/965 regulations: (1) Requires Board approval; (2) Only one student organization may sell up to three items per day; (3) Items may not be prepared on site; (4) Food is **not** sold in Food Service that day; (5) Limited to four sales a school year by **any** number of school organizations; (6) Only compliant food/beverage may be sold (Contact Child Nutrition Services).*

Signature: Director of Child Nutrition Services

Date

PLEASE COMPLETE AS MUCH AS POSSIBLE OF THIS SECTION:

EXPECTED REVENUE (Sales quantity X sales price):	+	
EXPECTED OTHER REVENUE (Donations, sale of ads, etc.)	+	
TOTAL EXPECTED REVENUE:		+ \$ <u> </u>
EXPECTED EXPENSES (Product costs = Quantity X cost)	-	
Other Expenses (freight, advertising, etc.)	-	
Miscellaneous Costs (Items donated):	-	
TOTAL EXPECTED EXPENSES:		- \$ <u> </u>
TOTAL EXPECTED PROFIT	=	+ \$ <u> </u>

Money to be deposited to the account named: _____

Signature of Administrator/Principal Submitting

Date Submitted for Board Approval

-----Business Office Use Only-----

Date Received: _____ Asst Supt/Bus Svcs Approval for placement: _____ Date of Board Approval: _____