

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Fatima DeCorte Date: 9/27/23

Club Name: PBSIS

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: PBSIS rewards

Purpose of Fund Raiser: raise funds for PBSIS rewards

Start Date of Project: 10/30/23 Completion Date of Project: 10/30/23

Date of Sale(s): From 10/30/23 To: 10/30/23

Sale Area/Location: Capetexia

Sale will be monitored by: F. De Corte

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: Amazon

Vendor Business Name: Amazon

Vendor Address: online

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 9.99

Proposal Sale Price: \$ 1.00

Total Cost of all Products Not to Exceed: \$ 9.99

Minimum Total Profit Expected: \$ 8490.00

Faculty Advisor Signature

Signature: [Signature] Date: 9/27/23

(Vice) Principal Signature

Signature: [Signature] Date: 9/27/23

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/27/2023

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Dress Down

Purpose of Fund Raiser: Raise funds for UHSPAC productions

Start Date of Project: 11/1/23 Completion Date of Project: 1/21/24

Date of Sale(s).....From: _____ To: Date TBD with admin during month of Nov or Dec

Sale Area/Location: Main office

Sale will be monitored by: Melissa Hannon

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ 5

Total Cost of all Products Not to Exceed: \$ 0

Minimum Total Profit Expected: \$ 400

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/27/2023</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/27/23</u>
School Treasurer Signature	
Signature: _____	Date: _____
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/19/2023

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Pledges Drive/Donation

Purpose of Fund Raiser: To raise funds for all UHSPAC activities, productions, and scholarships

Start Date of Project: 11/1/2023 Completion Date of Project: 6/1/2024

Date of Sale(s): From 11/1/2023 To: 6/1/2024

Sale Area/Location: online, individual

Sale will be monitored by: Melissa Hannon

***** ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD *****

Vendor Representative's Name: NA

Vendor Business Name: 99Pledges

Vendor Address: Online platform

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ varied (pledges/donations)

Total Cost of all Products Not to Exceed: \$ NA

Minimum Total Profit Expected: \$ 2000

Faculty Advisor Signature
Signature: [Redacted] Melissa Hannon Date: 9/19/2023

Vice Principal Signature
Signature: [Signature] Date: 9/27/23

School Treasure Signature
Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:
Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/19/2023

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Program Advertisements and Patron Packages

Purpose of Fund Raiser: _____

To raise funds for the UHSPAC fall production. Businesses and individuals may purchase ad space in our program as well as patron packages, which grant the purchaser tickets, ad space, and sponsorship credit on posters, signage, emails, website, etc.

Start Date of Project: 11/1/2023 Completion Date of Project: 1/21/2024

Date of Sale(s): From 11/1/2023 To: 1/15/2024

Sale Area/Location: online, A103

Sale will be monitored by: Melissa Hannon

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: NA

Vendor Business Name: NA

Vendor Address: _____

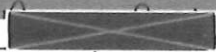
City: _____ State & Zip code: _____

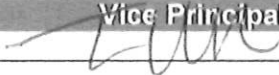
Unit Cost of Product/Service: \$ approx. \$1 per printed program

Proposal Sale Price: \$30-250 per ad, patron packages up to \$5,000

Total Cost of all Products Not to Exceed: \$ 1000

Minimum Total Profit Expected: \$ 2000

Signature:  Faculty Advisor Signature Melissa Hannon Date: 9/19/2023

Signature:  Vice Principal Signature Date: 9/27/23

Signature: _____ School Treasure Signature Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/19/2023

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Snacks (chocolate and fruit snacks)

Purpose of Fund Raiser: Raise funds for UHSPAC productions

Start Date of Project: 11/1/23 Completion Date of Project: 6/1/24

Date of Sale(s).....From: 11/1/23 To: 6/1/24

Sale Area/Location: A103/Individual student sales

Sale will be monitored by: Melissa Hannon

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: _____

Vendor Business Name: Old Fashion Candy

Vendor Address: _____

City: State & Zip code: Evansville, IN 47732

Unit Cost of Product/Service: \$ 40-\$60 per case

Proposal Sale Price: \$1-\$2 per item

Total Cost of all Products Not to Exceed: \$ 3000

Minimum Total Profit Expected: \$ 2000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/19/2023</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/27/23</u>
School Treasurer Signature	
Signature: _____	Date: _____
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____