

# Internal Accounts Procedures Manual Appendices

## Fundraiser Approval Form

**A16**

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA  
STUDENT FUNDRAISING JUSTIFICATION AND INFORMATION FORM  
(Form: 5830)

1. Name of Student Organization or School Group: \_\_\_\_\_
2. Name of Sponsor/Coach/Teacher requesting to Raise Funds: \_\_\_\_\_
3. Is the fundraiser intended to raise cash for a non-school board organization? \_\_\_\_\_
  - a. If you answered yes to 3 above, list the name of the organization: \_\_\_\_\_
  - b. If you answered yes to 3 above, list the reason funds are being raised for this organization: \_\_\_\_\_  
\_\_\_\_\_
4. List the method you will employ students or others to raise funds:
  - a. Desired fundraising activity: \_\_\_\_\_  
(Example: car wash, candy sales, discount book sale, etc.)
  - b. Where and when will this sale or service take place: \_\_\_\_\_  
(Example: at-school, business name, etc. and date/time)
  - c. If the fundraiser is going to take place at school: \_\_\_\_\_  
(List the expected time, place, and manner of sale)
5. Explain the reason or purpose for holding the fundraiser: \_\_\_\_\_  
\_\_\_\_\_
6. If the fundraiser includes the sale of items or food manufactured by an outside entity please answer the following questions:
  - a. List the manufactures charge to the organization for each item being sold: \_\_\_\_\_
  - b. List the expected retail price of the item being sold: \_\_\_\_\_
  - c. List the number of items being purchased from the manufacturer: \_\_\_\_\_
  - d. List the total expected cost to the school organization for this order: \_\_\_\_\_
  - e. List the expected revenue that will be generated from this sale: \_\_\_\_\_  
(Total revenue minus costs)

Please describe how the school organization will be affected if the sales goal is not met, what may occur if items are stolen or lost, and list any other similar type of risk exposure the organization may suffer if the fundraising goal is not met, or additional anticipated issues that may arise from this fundraiser:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher/Coach/Sponsor Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Approved Yes or No

\_\_\_\_\_  
Date