

# BHASED FUNDRAISING APPROVAL FORM

Please complete this form and return it to the District Office **at least two (2) weeks prior** to the commencement of your fundraiser. BHASED requires approval of all fundraisers. This form will also enable us to keep accurate records and avoid duplication of events.

Building or Program Name: \_\_\_\_\_

Sponsor or Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## FUNDRAISER PROPOSAL INFORMATION:

Fundraiser will begin on \_\_\_\_\_ and will ends on \_\_\_\_\_.

What is the name of this fundraising activity or event? \_\_\_\_\_

Location of the fundraiser: \_\_\_\_\_

Anticipated Profit: \_\_\_\_\_

What is the target demographic? (e.g. students, parents, community, etc.)

\_\_\_\_\_

Describe any up-front money or other necessary commitments of District resources. Include dates needed, mode of payment, and preferred vendor(s):

\_\_\_\_\_

\_\_\_\_\_

Explain how the funds raised will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sponsor/Contact Signature: \_\_\_\_\_

## APPROVALS:

Building/Program Administrator  Approved  Not Approved

Reason: \_\_\_\_\_

Building/Program Administrator Signature/Date: \_\_\_\_\_

District Office  Approved  Not Approved

Reason: \_\_\_\_\_

District Administrator Signature/Date: \_\_\_\_\_

\_\_\_\_ Sponsor/Contact  
\_\_\_\_ Building/Program  
\_\_\_\_ District Office