Fort Bend Independent School District GE-E-2
Parent Organization Fund Raising Proposal

Campus: _____ Organization: _____

Proposed Date(s) of Activity: _____ Proposed Location: _____

Campus Beneficiary: _____ Net Benefit to School (Estimate): _____

Proposed Use of Funds: _____

Provide a detailed description of the proposed activity:

_____

_____

_____

_____

_____

_____

_____

Has this organization conducted this fund raiser before? Yes No

If yes, Net Profits Realized? _____

Activity Coordinator(s):

Name _____ Daytime Phone _____ Evening Phone _____

Name _____ Daytime Phone _____ Evening Phone _____

This form is to be completed and submitted to the Area Superintendent at least thirty (30) days prior to the date of the proposed activity. This form must be accompanied by a proposed budget that estimates the anticipated Net Benefit to School indicated above. The budget may be prepared using either: estimated revenues and expenses or actual historical data based upon a similar or same activity conducted during a prior year.

Prepared by _____ Date _____

Approved by _____ Date _____
(Officer of Organization)

FBISD
Sponsor _____ Date _____
(Beneficiary Campus Organization)

Principal _____ Date _____

Area
Superintendent _____ Date _____

Signed original to be returned to campus.
Retain copy at central administration

08.02