

APPROVAL FORM: CHARITABLE FUNDRAISERS FOR AN INDIVIDUAL OR FAMILY

School / Department: _____

Individual or family for whom the funds will be raised: _____

Why funds are being raised for this particular individual or family. (Please provide a thorough explanation/justification. This documentation is intended to show that the funds are being raised for a worthy cause, and that there was no bias or conflict of interest in the selection process.)

How, when and where the funds will be solicited and collected.

How, when, where, and in what form the proceeds, or items purchased with the proceeds, will be distributed to the intended recipients.

Members of the committee that oversaw the fundraiser recipient selection process. By signing this form, committee members are verifying that (1) the fundraiser recipients were selected based on their needs, not based on their affiliation with the committee members, (2) the committee members are not related to the intended beneficiaries, nor do they have any close ties to the beneficiaries that might cause, or be perceived to cause, personal bias to affect the selection process, and (3) the committee members have read, and agree to abide by, the WCSD fundraiser policies and procedures.

<i>Name (print)</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized by:

<i>Name (print)</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____

This form is required only for charitable fundraisers where the fundraiser proceeds, or items purchased with fundraiser proceeds, will be given directly to an individual or family. The form must be signed by the Superintendent or an Assistant Superintendent. The school or department must keep this completed form on file as documentation to verify the fundraiser had proper approval.