

**Lake Shore Central School District
Angola, NY 14006**

FUNDRAISER REQUEST FORM

Advisors **MUST** plan enough time to acquire needed signatures and for this request to reach the WT Hoag Building/Program Administrator at least seven days prior to the fundraiser start date.

Permission is requested to conduct the following described activity in compliance with the LSCSD Extra-Classroom Activity procedures, BOE policies and NYS Laws and Regulations. ALL purchases, receipts, and disbursement of funds will be made in accordance with LSCSD procedures, BOE policies and NYS Laws and Regulations. Food items that do not meet the same nutritional guidelines used in the cafeteria cannot be sold during the hours of midnight prior to the start of the school day and one half hour after the end of the school day. ALL Fundraising activity **MUST** take place outside of school hours. **NOTHING is to be sold in school during school hours!**

Name of Group: _____ School: _____

Describe Fundraising Activity/Items to be sold:

Vendor/Company Name: _____

Is this Activity/Item NYS Taxable? _____ YES _____ NO

Newspapers, magazines and yearbook sales are not taxable.

Regarding food: where no eating facilities are provided; sales tax is not required, such as vending machines or bake sales. Prepared food is taxable; such as pizza slices and popcorn at concession stands.

Regarding social events: If admission is being charged for a social event; tax must be paid. This includes dances. Educational events, such as musicals, are not taxable.

Requested Date to BEGIN: _____ Date to END: _____

Projected Receipts: \$ _____ Projected Expenses: \$ _____

Projected Profit (Receipts minus Expenses): \$ _____

WE, the class/club/team/organization advisors and Student Officers understand the above activity and assume responsibility for its organizational and fiscal conduct. ALL signatures are **REQUIRED BEFORE** starting this activity/sale/event/project.

Faculty Advisor (Print/Sign/Date): _____

Student Treasurer (Print/Sign/Date): _____

Building Principal (Print/Sign/Date): _____

Superintendent signature is required when a contract or agreement must be signed or if insurance is required:
(print/sign/date) : _____

WT Hoag Building/Program Administrator _____ Approved _____ Denied/Reason _____

Signature (print/sign/date): _____

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POST FUNDRAISER FORM

Post fundraiser information is to be submitted to the WT Hoag Building/Program Administrator within 30 days of the fundraiser End Date.

Name of Group: _____ Dates of Fundraiser (To-From): _____
Fundraising Activity: _____

Actual Receipts:

| Date | Description of Sale; include number of items and cost per item Admission/Seat Tickets #' ____ to ____ | Total Receipt | Taxable? Yes/No |
|------|--|---------------|-----------------|
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Raffles are prohibited. NYS Gaming and Wagering Law states that only persons 18 years of age or older shall purchase, sell, conduct or assist in the conduct of a raffle drawing. This law prohibits using raffles in fundraising on district property and through a district group.

Actual Disbursements:

| Date | Check Number | Payee | Amount | Purpose |
|------|--------------|-------|--------|---------|
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*** Attach additional pages as needed.

Summary Statement

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|-------------------------------|--------------------------|
| Anticipated Receipts: \$ | Actual Receipts: \$ |
| Anticipated Disbursements: \$ | Actual Disbursements: \$ |
| Anticipated Profit: \$ | Actual Profit/Loss: \$ |

Faculty Advisor (Print/Sign/Date): _____

WT Hoag Building/Program Administrator (Print/Sign/Date): _____

Central Treasurer Verification (Print/Sign/Date): _____