

***Application for Authorization to Conduct
Fundraising and/or Donation Seeking Projects/Activities***

Clinton Community Schools
341 E. Michigan Ave.
Clinton, MI 49236

1. Name of Organization _____

2. Name of sponsor or contact person: _____

Street Address _____

City, State, ZIP _____

Phone _____ E-Mail _____

3. Planned date(s) of project/activity: _____

4. Describe project (name/kind of merchandise to be sold, services offered, donations sought): _____

5. Intended use of funds acquired from project/activity: _____

6. How will project be conducted? Door-to-door sales, solicitation of special group(s) of people or business, sales of product at an event, etc.) _____

7. If project includes sales subject to Michigan sales tax, how will the taxes be remitted? _____

8. Does this project include a game of chance regulated by the State of Michigan? Yes No
If yes, a copy of the appropriate license is attached. Please initial here _____.

9. If food items are part of the proposed fundraising project, please complete Item #10.

10. What procedures have been used to comply with relevant health codes? Please initial all applicable answers.
 - a. Food for this project will be prepared on school premises and the district's Food Service Supervisor has been contacted. Please insert authorization number from Food Service Supervisor here _____. If not applicable, please initial here _____.

b. Food for this project includes food prepared at home which shall be marked with the preparer's name, telephone number, date of preparation, and name of food produced. Please initial here _____. If not applicable, please initial here _____.

c. Food for this project will be prepared on site in a location other than in the school district's licensed kitchens and requires a temporary license from the County Health Department. A copy is attached. Please initial here _____.

What steps have been taken to comply with relevant health codes in order to get the temporary license?

d. Food prepared at home for this project shall be properly marked and shall not include highly perishable products such as cream-filled pastries, chicken salads, or potato salads which require refrigeration or heating. Please initial here _____. If not applicable, please initial here _____.

The organization I (we) represent hereby complies with the Board's policy and the District's administrative regulations which govern the conduct of fundraising/donation seeking projects at Clinton Community Schools.

Signature

Signature

(Please Print Name)

(Please Print Name)

Administrator Approval/Disapproval

As building administrator/supervisor, I hereby (*please initial one, then sign below*):

_____ Agree with the terms of the fundraising policy as outlined in this application, and approve/authorize the activities as stated.

_____ Deny the project for the following reason(s): _____

Building Principal/Administrator/Supervisor

Date

Superintendent Approval/Disapproval

(Please circle one)

Building Principal/Administrator/Supervisor

Date

Original – Building Administrator

Copy – Applicant