



## HHS Fine Arts Boosters Fundraiser/Event Request

Date \_\_\_\_\_ Requestor's Signature \_\_\_\_\_

Requestor's Printed Name \_\_\_\_\_

Group (circle one)  Band  Choir  Speech Team  Theatre  Tech-Theatre

*HHS Teacher or Staff responsible for the group must approve submission of this request. Please attach supporting documentation of approval.*

Type of Event Requested: \_\_\_\_\_

Date(s) of Event Requested: \_\_\_\_\_

Number of Volunteers Expected: \_\_\_\_\_

Estimated Proceeds: \$ \_\_\_\_\_

Estimated Expenses/Event Budget: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Est. to be paid prior to event

\$ \_\_\_\_\_ Est. to be paid from proceeds of the event

FAB Tax-Exempt Letter Requested: YES or NO

Purpose of Fundraiser request:  
 \_\_\_\_\_  
 \_\_\_\_\_

Intended use of funds from Fundraiser:  
 \_\_\_\_\_  
 \_\_\_\_\_

**FUNDRAISING/EVENT REQUEST GUIDELINES:**

- This application must be completed/submitted via email to HHS FAB ([huntleyfinearts@gmail.com](mailto:huntleyfinearts@gmail.com)) at least TWO days prior to the next scheduled meeting to add to agenda for board review/approval.
- Events that include sales of retail goods will subtract from proceeds approximately        % of all gross proceeds in anticipation of the total tax due. HHS FAB will handle filing tax payments due. (Any overages will be credited back to the group. Ask Treasurer for current tax rate.)
- Events must be publicized clearly to show that each group, as a subcommittee of HHS FAB, is presenting or hosting the event.  
*EXAMPLE: "The HHS \_\_\_\_\_ Boosters, a subcommittee of HHS Fine Arts Boosters, is hosting a car wash to raise funds for..."* **The intended use of the funds raised should be clearly publicized as a specific use or "general program use".**
- The tax exempt status of FAB may be used to purchase items specifically used for this event. Mark "YES" above if a letter is needed.
- **Requests for fundraising events or other events (such as an awards ceremony) should be approved before organizing event.**

**HHS FAB BOARD APPROVAL FOR HOSTING FUNDRAISER EVENT OR OTHER EVENT**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ REASON \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the requestor: Fill in the results of the fundraiser and submit this completed document along with receipts, invoices and funds collected (including cross check tabulation form) for deposit to the HHS FAB Treasurer.

Total funds raised \$ \_\_\_\_\_

Less estimated Sales Tax @ \_\_\_\_\_ % \$ \_\_\_\_\_ (Ask Treasurer for Tax Rate)

Less total expenses incurred \$ \_\_\_\_\_ (Receipts Required)

Actual Net Funds Raised \$ \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_ Amount \$ \_\_\_\_\_

*Leave blank if holding funds in HHS FAB account for future grant disbursement.*

*If this approved fundraiser/event is for a specific use (i.e. trip costs) the grant disbursement request must match the intended use and be disbursed for the full amount of the **Actual Net Funds Raised**. Disbursement requests, in full or partial that do not match this approved fundraiser/event's specific use, will be denied. Funds raised with a specific intended use cannot be re-appropriated under any circumstances.*

*If non-specific, or general program use is stated as the intended use on this approved fundraiser/event, the grant request may be disbursed either partially or in full as needed. Please use the **HHS FAB Simple Grant Request form**.*

*If requesting a direct invoice payment, or reimbursement, as a qualified expense of this approved fundraiser or other event, the detailed invoice/receipt must be included with this request. Please note, every effort will be made to disburse funds as soon as possible.*



# HHS Fine Arts Boosters

## Cross Check Tabulation Worksheet

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This form must be completed and accompany all funds turned in to the HHS FAB Treasurer.

Date: \_\_\_\_\_

Sub-Committee Group: \_\_\_\_\_  
*Band, Choir, Speech Team, Theatre, Tech Theatre*

Name of Event/Fundraiser: \_\_\_\_\_

Supervisor #1: \_\_\_\_\_ Supervisor #2: \_\_\_\_\_

Number of Bills	Denomination	Totals	Supervisor 1 Initials	Supervisor 2 Initials
	Coin			
	Checks			
	\$1's			
	\$5's			
	\$10's			
	\$20's			
	\$50's			
	\$100's			
<b>TOTAL</b>				

\_\_\_\_\_  
*Supervisor #1 Signature*

\_\_\_\_\_  
*Supervisor #2 Signature*

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### HHS FAB Use Only

- Band Boosters – Sub-Committee
- Choir Boosters – Sub-Committee
- Speech Team Boosters – Sub-Committee
- Theatre Boosters – Sub-Committee
- Tech Theatre – Sub-Committee

\_\_\_\_\_  
HHS FAB Officer/Treasurer Signature