

**Tulare Joint Union High School District
Board Authorized School Connected Organizations
Request for Approval of Fundraising Activity**

Please be advised that the District requires a minimum of three (3) weeks to review each request and consider the approval of the fundraising activities. Thus, this completed form must be submitted at least three (3) weeks prior to the fundraiser or the date the Organization would like approval of the fundraiser, whichever is earlier. This request form must be completed by the Organization and submitted to:

Tulare Joint Union High School District
Attention: Vivian Hamilton, Chief Business Officer
vivian.hamilton@tulare.k12.ca.us
426 North Blackstone Street
Tulare, CA 93274
(559) 688-2021 Phone
(559) 687-7421 Fax

Name of Organization: _____

Address: _____ Phone: _____

Organization Contact: _____ Email: _____

Address: _____ Phone: _____

Permission is requested to conduct the following fundraising activity:

Description of activity (describe the activity in detail and include items to be sold, if any, in the description):

Start Date: _____ End Date: _____

Time (if applicable): _____

Purpose of activity (include how the proceeds will be used):

Does the fundraising activity require the use of District facilities: Yes No

If yes, has a Facility Use Request Form been submitted: Yes No

(Please ensure that a Facility Use Request Form is also submitted for any event involving use of District facilities)

Is any third party vendor/business involved? Yes No

If yes, please provide name and contact information of vendor/business and description of services provided:

Does the fundraising activity involve preparing food on site? Yes No

If yes, has a Temporary Food Event Vendor Application Form been submitted to Tulare County?

Yes No

Does the fundraising activity involve food vendors? Yes No

If yes, has the Organization ensured that all third party vendors have all required licenses and/or permits for operation? Yes No

Does the Organization have insurance coverage for this the event: Yes No

(Please be advised that the District may require proof of sufficient insurance coverage for the requested fundraising activity.)

The signature of the organization's representative below confirms the fundraising activity complies with the following criteria:

- * The fundraising activity is nonpartisan and charitable.
- * The Organization will complete all necessary forms required for the event, including a Facility Use Request Form and/or a Temporary Food Event Vendor Application Form, if required.
- * The Organization will comply with all laws (federal, state, and local) and the reasonable requests of the District and will not engage in any unlawful conduct in connection with the requested fundraising activity.
- * The Organization will ensure that all third-party vendors have all required licenses and/or permits for the business the vendor is conducting, including, but not limited to, local business licenses, County Health Department permits for food vendors, and seller's permits, as required by law.
- * The Organization has reviewed Board Policy and Administrative Regulation 1230 and will conduct the fundraising activity in compliance with the Board Policy and Administrative Regulation.

_____ Title: _____ Date: _____

Signature of Organization Representative

APPROVED / REJECTED

For Office Use Only

_____ Title: _____ Date: _____

Signature of Superintendent or Designee