

**STILLWATER BOARD OF EDUCATION**

**CFB-E1**

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2024-2025 Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendents Activity Fund Account No: 838

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

N/A

**PACKET CONTENTS:**

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ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	NA
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2024-2025

SITE: Superintendent High School

ACCOUNT NAME: 838 Superintendents Activity Fund

PURPOSE

Provide refreshments/meals for board meetings, staff, and functions. Awards/gifts for staff as necessary. Provide any funding needed for operations the Superintendent deems necessary.

SOURCE(S) OF INCOME

Academic Type Income: Advertising Sales, AP Testing Fees, Awards/Prizes, Concession Sales, Contest Fees, Contributions /Donations, Fees/Fines/Dues, Field Trip Collections, BOE approved Fundraisers, Grants/Scholarships, Merchandise Sales, Redeposit of Cash-Box/Start-up Cash, Registration Costs, Reimbursements/Refunds/Rebates, Summer Camps and Ticket Sales.

PLANNED EXPENSES

Academic Type Expenses: Awards, Advertising, Camp Expenses, Cash-Box/Start-up Cash, Charitable Activities, Apparel/Uniforms, Competition Expenses, Donations, Equipment, Fees/Dues, Field Trip Expenses, Fundraising Expenses, Travel Expenses to include meals, Meeting Supplies and Refreshments, Officials/Judges, Registrations, Reimbursements, Rental Fees, Stipends, Award Banquets and other Activity related supplies and materials.

SPONSOR NAME

Tawni Hooten

SIGNATURE

[Handwritten Signature: Tawni Hooten]

PRINCIPAL/DIRECTOR

Dr. Janet Vinson

SIGNATURE

[Handwritten Signature: Dr. Janet Vinson]

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Handwritten Signature] DATE: 6/3/24

ACCOUNT NUMBER:

BOARD OF EDUCATION APPROVAL DATE:

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2024-2025 Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendents Activity Fund Account No: 838

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>3,924.98</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Rebates	\$ <u>15,000.00</u>	
Donations	\$ <u>5,000.00</u>	
_____	\$ <u>0.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>20,000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>23,924.98</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Food/Awards	\$ <u>-5,000.00</u>	
Misc Expenses	\$ <u>-5,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>-10,000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>13,924.98</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30 and November 30)

Reporting School Year: 2024-2025 Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendents Activity Fund Account No: 838

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

N/A

**PURPOSE OF RAISING FUNDS:**

Why are you raising the money? (i.e. Cover the cost of student travel expenses for competitions.) No fundraising, funds come from rebates finance receives and donations received in the district

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \$ 0.00

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**STILLWATER BOARD OF EDUCATION**

**CFB-E1**

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2024-2025 Sponsor Name: Annette Turley

Name of Activity Fund: Ops Super - Special Events Funds Account No: 807

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

N/A

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*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

**ACTIVITY FUND REQUEST FOR ACCOUNT**

DATE: 2024-2025 SITE: Admin

ACCOUNT NAME: 807 Ops Super - Special Events Funds

**PURPOSE**

Provide refreshments/meals for board meetings, staff, and functions. Awards/gifts for staff as necessary. Provide any funding needed for operations the Superintendent deems necessary.

**SOURCE(S) OF INCOME**

Academic Type Income: Advertising Sales, AP Testing Fees, Awards/Prizes, Concession Sales, Contest Fees, Contributions /Donations, Fees/Fines/Dues, Field Trip Collections, BOE approved Fundraisers, Grants/Scholarships, Merchandise Sales, Redeposit of Cash-Box/Start-up Cash, Registration Costs, Reimbursements/Refunds/Rebates, Summer Camps and Ticket Sales.

**PLANNED EXPENSES**

Academic Type Expenses: Awards, Advertising, Camp Expenses, Cash-Box/Start-up Cash, Charitable Activities, Apparel/Uniforms, Competition Expenses, Donations, Equipment, Fees/Dues, Field Trip Expenses, Fundraising Expenses, Travel Expenses to include meals, Meeting Supplies and Refreshments, Officials/Judges, Registrations, Reimbursements, Rental Fees, Stipends, Award Banquets and other Activity related supplies and materials.

**SPONSOR NAME**

Annette Turley

**SIGNATURE**



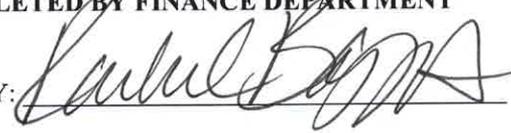
**PRINCIPAL/DIRECTOR**

Bo Gamble

**SIGNATURE**



**TO BE COMPLETED BY FINANCE DEPARTMENT**

APPROVED BY:  DATE: 12/3/24

ACCOUNT NUMBER: \_\_\_\_\_

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2024-2025 Sponsor Name: Annette Turley

Name of Activity Fund: Ops Super - Special Events Funds Account No: 807

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>8,439.59</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Rebates	\$ <u>5,000.00</u>	
Donations	\$ <u>1,000.00</u>	
	\$ <u>0.00</u>	
	\$ _____	
	\$ _____	
	\$ _____	
Total Revenues:	\$ <u>6,000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>14,439.59</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Food/Awards	\$ <u>-4,000.00</u>	
Misc Expenses	\$ <u>-1,000.00</u>	
	\$ _____	
	\$ _____	
	\$ _____	
Total Expenditures:	\$ <u>-5,000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>9,439.59</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30 and November 30)

Reporting School Year: 2024-2025 Sponsor Name: Annette Turley

Name of Activity Fund: Ops Super - Special Events Funds Account No: 807

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

N/A

**PURPOSE OF RAISING FUNDS:**

Why are you raising the money? (i.e. Cover the cost of student travel expenses for competitions.) No fundraising, funds come from rebates finance receives and donations received in the district

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \$ 0.00

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE