

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 25-26 Sponsor Name: Ronald McElliott

Name of Activity Fund: Clearing/Sweep Account No: 800

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:

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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: 5/1/2025 SITE: BOE/Finance

ACCOUNT NAME: Clearing/Sweep

PURPOSE

A place to put misc. deposits (i.e. interest, Rebates)

SOURCE(S) OF INCOME

Bank Interest, Rebates from vendors (i.e. Coca-cola; Arvest)

PLANNED EXPENSES

Fund administrator accounts as needed. Office Supplies; Misc expenditures. To help cover other Accts.

SPONSOR NAME

Ronald M^o Elliott

SIGNATURE



PRINCIPAL/DIRECTOR

!! Rachel B... 5/15/25 #800

SIGNATURE

5/15/25 #800

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: 

DATE: 4/30/25

ACCOUNT NUMBER: _____

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Ronald M^E ELLIOTT

Name of Activity Fund: Clearing Sweep Account No: 800

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>98,337.27</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Interest</u>	\$ <u>57,600</u>	
<u>Coke Rebates</u>	\$ <u>300</u>	
<u>Arvest Rebates</u>	\$ <u>12,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>69,900</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>168,237.27</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Fund Superintendent Acct</u>	\$ <u>17,500</u>	
<u>Office Supplies</u>	\$ <u>5,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>22,500</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>145,737.27</u>	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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



ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 25-26 Sponsor Name: Ronald McElliott

Name of Activity Fund: DW - Student Supplies Account No: 050-801

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:

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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: 5/1/25 SITE: BOE / ADMIN

ACCOUNT NAME: DW - Student Supplies

PURPOSE

To collect Elementary Student Supply Fee's throughout the year and distribute them to sites each year

SOURCE(S) OF INCOME

Student Supply Payments from Elementary Sites

PLANNED EXPENSES

Distribute to Elementary Sites at the beginning of each School year

SPONSOR NAME

RONALD M^S ELLIOTT

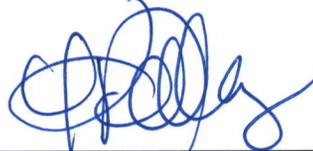
SIGNATURE



PRINCIPAL/DIRECTOR

Kirstie Newby

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Ronald Payne DATE: 5/15/25

ACCOUNT NUMBER: 050-801

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: RONALD M^E ELLIOTT

Name of Activity Fund: DW- Student Supplies Account No: 050-801

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>3437.56</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Elem Site Student Supply Fees</u>	\$ <u>60,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>60,000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>636437.56</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>All goes back to Elem Sites</u>	\$ <u>6437.56</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>6437.56</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>0</u>	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026 Sponsor Name: Annette Turley

Name of Activity Fund: Operations Asst Superintendent- 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:

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STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2025-2026

SITE: ADM

ACCOUNT NAME: 807 Operations Assistant Superintendent - Special Events Funds

PURPOSE

Provide refreshments 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/Donation Fees/Fines/Dues, Field Trip Contributions, 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

Annette Turley

PRINCIPAL/DIRECTOR

Bo Gamble

SIGNATURE

Bo Gamble

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature]

DATE: 5/15/25

ACCOUNT NUMBER: 807

BOARD OF EDUCATION APPROVAL DATE:

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Annette Turley

Name of Activity Fund: Operations Asst Superintendent- Special Events Funds Account No: 807

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ 11,799.39	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Rebates	\$ 5,000.00	
Donations	\$ 1,000.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ 6,000.00	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ 17,799.39	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Food/Awards	\$ -4,000.00	
Misc Expenses	\$ -1,000.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ 5,000.00	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ 12,799.39	\$ _____

STILLWATER BOARD OF EDUCATION

CFB-E1

FUNDRAISER REQUEST

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

Reporting School Year: N/A Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026

Sponsor Name: Kerri Yee

Name of Activity Fund: Textbooks

Account No : 809

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

[Empty box for explanation of activity fund balance]

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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: 4/29/25

SITE: BOE

ACCOUNT NAME: Textbooks

PURPOSE

Replace lost or damaged curriculum books

SOURCE(S) OF INCOME

Lost/Damaged Book Fees

PLANNED EXPENSES

Replacement Textbooks

SPONSOR NAME

Kerri Yee

SIGNATURE

Kerri Yee

PRINCIPAL/DIRECTOR

Janet Vinson

SIGNATURE

Janet Vinson

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Kulu B...*

DATE: 5/16/25

ACCOUNT NUMBER: 809

BOARD OF EDUCATION APPROVAL DATE:

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Kerri Yee

Name of Activity Fund: Textbooks Account No: 809

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>N/A</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Lost/Damaged Book Fees</u>	\$ <u>1,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>1,000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>1,000.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Replacement Textbooks</u>	\$ <u>1,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>1,000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ _____	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Kerri Yee

Name of Activity Fund: Textbooks Account No: 809

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 2025-2026 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Human Resources Account No: 814

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:

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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: 4/29/25

SITE: Admin Bldg - HR

ACCOUNT NAME: Human Resources

PURPOSE

To purchase food, drinks, supplies and decorations for various HR activities. Activities include new employee onboarding, job fair recruitment, retirement workshops, and professional development registration fees.

SOURCE(S) OF INCOME

District

PLANNED EXPENSES

Food, beverages, utensils, decorations, fees

SPONSOR NAME

Jana Bradshaw

SIGNATURE

Jana Bradshaw

PRINCIPAL/DIRECTOR

Trent J. Swanson

SIGNATURE

Trent J. Swanson

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Laurel Berra

DATE: 5/15/25

ACCOUNT NUMBER: 814

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Human Resources Account No: 814

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>3,000</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>District</u>	\$ <u>1,000</u>	
<u>Transfer funds from PALS</u>	\$ <u>1,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>5,000</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>SPS Retirement Wksp Food & Beverage</u>	\$ <u>300</u>	
<u>HR Supplies</u>	\$ <u>500</u>	
<u>Professional Development Food & Bev</u>	\$ <u>300</u>	
<u>Support Staff Job Fair Food & Bev</u>	\$ <u>300</u>	
<u>OSU Job Fair Registration Fees</u>	\$ <u>300</u>	
_____	\$ _____	
Total Expenditures:	\$ <u>1,700</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ _____	\$ _____

FUNDRAISER REQUEST

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

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026 Sponsor Name: Natalie Brown/Robin Johnson

Name of Activity Fund: Pioneer Pantry Account No : 816

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

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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: 4/30/2025

SITE: District Wide

ACCOUNT NAME: Pioneer Pantry

PURPOSE

A service to all SPS students, providing necessary hygiene items, along with clothing, school supplies and occasional food supplies for students in need at all sites.

SOURCE(S) OF INCOME

Donations

PLANNED EXPENSES

Hygiene Items, Clothing, Student Snacks, School Supplies, Office Supplies

SPONSOR NAME

Natalie Brown/Robin Johnson

SIGNATURE

Natalie Brown

PRINCIPAL/DIRECTOR

Elizabeth McBee

SIGNATURE

Elizabeth McBee

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Karol Boyer* DATE: 5/15/25

ACCOUNT NUMBER: 816

BOARD OF EDUCATION APPROVAL DATE:

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Natalie Brown/Robin Johnson

Name of Activity Fund: Pioneer Pantry Account No : 816

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Donations</u>	\$ <u>8000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>8000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>8000.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Hygiene Items</u>	\$ <u>3000.00</u>	
<u>Clothing</u>	\$ <u>3000.00</u>	
<u>Student Snacks</u>	\$ <u>1000.00</u>	
<u>School Supplies</u>	\$ <u>900.00</u>	
<u>Office Supplies</u>	\$ <u>100.00</u>	
_____	\$ _____	
Total Expenditures:	\$ <u>8000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>0</u>	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Natalie Brown/Robin Johnson

Name of Activity Fund: Pioneer Pantry Account No : 816

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 2025-2026 Sponsor Name: Julie Thibodeau

SPED

Name of Activity Fund: WorkKeys Test Account No: 818

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:

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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: May 20, 2025

SITE: Administration Building

ACCOUNT NAME: WorkKeys Test

PURPOSE

The purpose is to administer and pay ACT for the WorkKeys test.

SOURCE(S) OF INCOME

Potential Staff will pay to take the WorkKeys Test.

PLANNED EXPENSES

We are preparing for 20 potential Staff to take the WorkKeys test

SPONSOR NAME

Julie Thibodeau

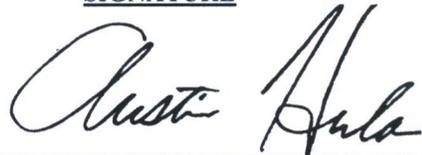
SIGNATURE



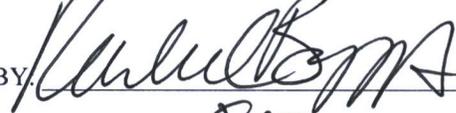
PRINCIPAL/DIRECTOR

Austin Hula

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: 

DATE: 5/20/25

ACCOUNT NUMBER: 818

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: SPED Julie Thibodeau

Name of Activity Fund: WorkKeys Test Account No: 818

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>0</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Each WorkKeys Test \$50</u>	<u>\$4,000.00</u>	
<u>20 estimated</u>	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>\$1000.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Pay ACT for each WorkKeys</u>	\$ _____	
<u>Test \$40.50 x 20</u>	<u>\$810.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>810.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>190.00</u>	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: 2025-2026 Sponsor Name: Julie Thibodeau SPED

Name of Activity Fund: Workkeys Test Account No: 818

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

NO fundraiser

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START NONE END NONE

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. - EST. EXP. NONE = EST. PROFIT

Julie Thibodeau SPONSOR SIGNATURE

ATHLETIC DIRECTOR AUTHORIZATION (applicable only if athletic fundraiser)

Principal Authorization Signature

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

①

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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: 25-26 Sponsor Name: Julie Thibodeau

Name of Activity Fund: Special Services Activity Account Account No: 828

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:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	JT
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	JT
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	JT
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.*

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/23/25 **SITE:** BOE / Admin building

ACCOUNT NAME: Special Services Activity Account

PURPOSE

To provide instructional materials and supplies, therapy equipment, services for students, technology apps, Special Olympics Registration, transportation and events supplies, and other materials to support Special Education Teachers, Therapists, Staff and Students.

SOURCE(S) OF INCOME

Donations, MVP Fundraiser provided by SPED, Grants

PLANNED EXPENSES

Testing Materials for Speech, OT, PT, Psychs. Supplies for SPED Staff, EC Snacks, extra activities, ESY Supplies, Special Olympics, staff duties/stipend if needed.

SPONSOR NAME

Julie Thibodeau

SIGNATURE



PRINCIPAL/DIRECTOR

Austin Hula

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Karol Boyer **DATE:** 5/15/25

ACCOUNT NUMBER: 828

BOARD OF EDUCATION APPROVAL DATE: _____

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Julie Thibodeau

Name of Activity Fund: Special Services Activity Account Account No: 828

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>N/A</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
MVP by SPEF	\$ <u>20,000.00</u>	
Donations	\$ <u>1,000.00</u>	
Donations in Memory of Sarah Kerns-Shook	\$ <u>1,000.00</u>	
Grants	\$ <u>1,000.00</u>	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>23,000.00,</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>23,000.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Testing Materials, Apps for learning and communication on iPads	\$ <u>8,000.00</u>	
Snacks, Cooking supplies, materials for Sped and ESY	\$ <u>7,000.00</u>	
Extra Activities for Sped Students, Mentoring for Sped Staff	\$ <u>4,000.00</u>	
Special Olympics Registration	\$ <u>600.00</u>	
Special Olympics Transportation	\$ <u>250.00</u>	
Special Olympics Event Supplies	\$ <u>250.00</u>	
Total Expenditures:	\$ <u>20,100.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>2,900.00</u>	\$ _____

STILLWATER BOARD OF EDUCATION

CFB-E1 

FUNDRAISER REQUEST

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

Reporting School Year: 25-26 Sponsor Name: Julie Thibodeau

Name of Activity Fund: Special Services Activity Fund Account No: 828

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

SPEF does a fundraiser to nominate your MVP that works at Stillwater Public Schools for \$25/nomination. A local business will usually match the donations and/or add to it. Other money is donated to us.

PURPOSE OF RAISING FUNDS:

To support our Special Education Teacher and Special Education students.

FUNDRAISER DATES:  START 07/01/2025 END 06/30/2026

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. \$23,000.00 - EST. EXP. \$20,100.00 = EST. PROFIT \$2,900.00


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: 25-26 Sponsor Name: Bryan Bloomer

Name of Activity Fund: Technology Activity Fund Account No: 829

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:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	BB
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	BB
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	n/a
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	n/c

**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.*

Adoption Date: February 21, 2012

Revision Date(s): 9/10/19

Page 1 of 4

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 04/21/2025

SITE: Technology

ACCOUNT NAME: Technology Activity Fund

PURPOSE

Small activity fund generally used for PD or team-building activities.

SOURCE(S) OF INCOME

May potentially generate income from e-waste/surplus equipment auction. This will be a new process for Technology, so I can't say for certain.

PLANNED EXPENSES

Professional development activities, team-building activities, and team meals.

SPONSOR NAME

Bryan Bloomer

SIGNATURE



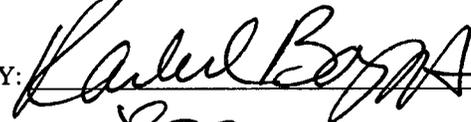
PRINCIPAL/DIRECTOR

Bryan Bloomer

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY:  DATE: 5/15/25

ACCOUNT NUMBER: 829

BOARD OF EDUCATION APPROVAL DATE: _____

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Bryan Bloomer

Name of Activity Fund: Technology Activity Fund Account No: 829

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>1500</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
E-waste and end-of-life equipment sales	\$ <u>1000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>2500</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Team meals	\$ <u>500</u>	
Conferences & professional development	\$ <u>500</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>1000</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>1500</u>	\$ _____

STILLWATER BOARD OF EDUCATION	CFB-E1
--------------------------------------	---------------

FUNDRAISER REQUEST

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

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: Professional Development Account No : 830

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	KY
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	KY
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	N/A

* 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: 4/29/25 SITE: BOE

ACCOUNT NAME: Professional Development

PURPOSE

To pay for meals and refreshments during on site Professional Development training.

SOURCE(S) OF INCOME

Transfer of Funds from PALS account.

PLANNED EXPENSES

Meals and Refreshments

SPONSOR NAME

Kerri Yee

SIGNATURE

Kerri Yee

PRINCIPAL/DIRECTOR

Janet Vinson

SIGNATURE

Janet Vinson

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature] DATE: 5/10/25

ACCOUNT NUMBER: 830

BOARD OF EDUCATION APPROVAL DATE:

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: Professional Development Account No: 830

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>N/A</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Transfer profits from PALS #834 for PD</u>	\$ <u>10,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>10,000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>10,000.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Meals and Refreshments</u>	\$ <u>9,000.00</u>	
<u>Training Materials</u>	\$ <u>1,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>10,000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ _____	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: Professional Development Account No: 830

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026 Sponsor Name: Kerri Yee

Name of Activity Fund: Pioneer Book Bus Account No : 831

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	KY
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	KY
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	N/A

* 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: 4/9/25

SITE: BOE

ACCOUNT NAME: Pioneer Book Bus

PURPOSE

Provide literacy opportunities to Stillwater students and community outside of school.

SOURCE(S) OF INCOME

Donations

PLANNED EXPENSES

Books, Prizes, Supplies, Repairs

SPONSOR NAME

Kerri Yee

SIGNATURE

Kerri Yee

PRINCIPAL/DIRECTOR

X Emily Harris

SIGNATURE

X Emily Harris

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Kenul Boyer

DATE: 5/16/25

ACCOUNT NUMBER: 831

BOARD OF EDUCATION APPROVAL DATE:

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026

Sponsor Name: Kerri Yee

Name of Activity Fund: Pioneer Book Bus

Account No: 831

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>N/A</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Donations</u>	\$ <u>5,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<u>Total Revenues:</u>	\$ <u>5,000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>5,000.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Books</u>	\$ <u>300.00</u>	
<u>Prizes</u>	\$ <u>300.00</u>	
<u>Supplies</u>	\$ <u>200.00</u>	
<u>Repair</u>	\$ <u>2,000.00</u>	
_____	\$ _____	
_____	\$ _____	
<u>Total Expenditures:</u>	\$ <u>2,800.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>2,200.00</u>	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Kerri Yee

Name of Activity Fund: Pioneer Book Bus Account No : 831

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: After School Programs Account No : 833

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	KY
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	KY
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	N/A

** 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: 4/29/25 SITE: BOE

ACCOUNT NAME: After School Programs

PURPOSE

To provide after school enrichment activities for all elementary students.

SOURCE(S) OF INCOME

Tuition

PLANNED EXPENSES

Stipends, Supplies, Snacks, Training and Educational Software Licenses

SPONSOR NAME

Kerri Yee

SIGNATURE

Kerri Yee

PRINCIPAL/DIRECTOR

Diane Fix

SIGNATURE

Diane Fix

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature] DATE: 5/16/25

ACCOUNT NUMBER: 833

BOARD OF EDUCATION APPROVAL DATE:

FUNDRAISER REQUEST

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

Reporting School Year: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: After School Programs Account No : 833

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: PALS ~ After School Childcare Account No : 834

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	KY
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	KY
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	N/A

* 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: 4/29/25 SITE: BOE

ACCOUNT NAME: PALS ~ After School Childcare

PURPOSE

To fund PALS After School Childcare and distribute excess amounts to school sites based on CFO calculations.

SOURCE(S) OF INCOME

Program Fees/Tuition

PLANNED EXPENSES

Payroll, Supplies, Student Snacks, School Site Distribution, PD Distribution, PD Activity Account Food

SPONSOR NAME

Kerri Yee

SIGNATURE

Kerri Yee

PRINCIPAL/DIRECTOR

Diane Kix

SIGNATURE

Diane Kix

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature] DATE: 5/16/25

ACCOUNT NUMBER: 834

BOARD OF EDUCATION APPROVAL DATE:

FUNDRAISER REQUEST

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

Reporting School Year: 25-26 Sponsor Name: Kerri Yee

Name of Activity Fund: PALS ~ After School Childcare Account No : 834

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 2025-2026

Sponsor Name: Kerri Yee

Name of Activity Fund: Teacher of the Year

Account No : 835

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	KY
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	KY
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	KY
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	N/A

* 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: 4/29/25

SITE: BOE

ACCOUNT NAME: Teacher of the Year

PURPOSE

Provide gifts, refreshments, advertisements, rent venues and purchase party supplies for Teacher of the Year celebrations at site and district locations.

SOURCE(S) OF INCOME

District Transfer of Funds

PLANNED EXPENSES

Gifts, drinks, refreshments, food, serving supplies, advertising, venue rental and decorations.

SPONSOR NAME

Kerri Yee

SIGNATURE

Kerri Yee

PRINCIPAL/DIRECTOR

Janet Vinson

SIGNATURE

Janet Vinson

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *[Signature]*

DATE: 5/19/25

ACCOUNT NUMBER: 835

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Kerri Yee

Name of Activity Fund: Teacher of the Year Account No: 835

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>N/A</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
District Transfer of Funds	\$ <u>2500.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>2500.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Awards and Gifts	\$ <u>300.00</u>	
_____	\$ _____	
Food and Decorations	\$ <u>1900.00</u>	
_____	\$ _____	
Advertising	\$ <u>300.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>2500.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>0.00</u>	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Kerri Yee

Name of Activity Fund: Teacher of the Year Account No : 835

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 2025-2026 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Support Employee of the Year Account No: 836

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:

PACKET CONTENTS:

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ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	
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: 4/29/25 SITE: Admin Bldg - HR

ACCOUNT NAME: Human Resources - Support Employee of the Year

PURPOSE Purchase of recognition gifts, awards, and reception supplies for the Support Employees who are nominated as Support Employee of the Year in their perspective categories.

SOURCE(S) OF INCOME

District

PLANNED EXPENSES

Plaque, certificates, recognition gifts and reception food, drinks, and decorations.

SPONSOR NAME

Jana Bradshaw

SIGNATURE

Jana Bradshaw

PRINCIPAL/DIRECTOR

Dr. Trent J. Swanson

SIGNATURE

Dr. Trent J. Swanson

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Dr. Trent J. Swanson* DATE: _____

ACCOUNT NUMBER: Kuhul Bonna 5/15/25
836

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Support Employee of the Year Account No: 836

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>District</u>	\$ <u>500</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ _____	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Food & drinks at Board mtg/reception</u>	\$ <u>75</u>	
<u>Reception supplies and decorations</u>	\$ <u>75</u>	
<u>SEofY category recognition gifts,</u>	\$ <u>300</u>	
<u>certificates & plaque</u>	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>450</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>50</u>	\$ _____

FUNDRAISER REQUEST

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

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 2025-2026

Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendent

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:

PACKET CONTENTS:

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ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	
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: 4/30/2025

SITE: Superintendent

ACCOUNT NAME: Superintendent

PURPOSE

To provide support & services to the Superintendent's office and the Board of Education directed by the Superintendent.

SOURCE(S) OF INCOME

Donations, Rebates (Arvest, Coca-Cola, etc.) Finance Allocated Funds, etc.

PLANNED EXPENSES

Awards, Board Expenses, Food, Gifts, Retirements, Supplies, Unexpected District Needs, Any Other Superintendent Identified Expenses

SPONSOR NAME

Tawni Hooten, Admin Assist to the Superintendent

SIGNATURE



PRINCIPAL/DIRECTOR

Mr. Tyler Bridges, Superintendent

SIGNATURE

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY:



DATE:

5/15/25

ACCOUNT NUMBER:

838

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026

Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendent

Account No: 838

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$8,000	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Finance Allocated Funds	\$ 17,500	
Rebates	\$ 2,000	
Donations	\$ 1,000	
Total Revenues:	\$20,500	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$28,500	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Awards (staff, teachers, & board)	\$ 2,500	
Board Expenses (food, activities, registrations)	\$ 3,500	
Food (board & superintendent meetings)	\$ 1,000	
Gifts (staff, teachers, & board-retirements)	\$ 1,000	
Superintendent Designated Expenses	\$ 8,100	
Total Expenditures:	\$16,100	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$12,400	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

DOES NOT APPLY TO THE SUPERINTENDENT'S OFFICE - "NA" TO THIS PAGE

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 2025-2026 Sponsor Name: Emily Lewis

Name of Activity Fund: SPEF Grants Main Account Account No: 839

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:

PACKET CONTENTS:

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APPROVAL OF ACCOUNT FORM	PAGE 2	<i>EL</i>
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	<i>EL</i>
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	<i>EL</i>

**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: 2025-2026 SITE: n/a

ACCOUNT NAME: SPEF Grants Main Account

PURPOSE

For distribution of grants from the foundation to school sites and/or departments.

SOURCE(S) OF INCOME

SPEF Funds and donors, as designated by Trustees

PLANNED EXPENSES

Distribution of funds for awarded grants.

SPONSOR NAME

Emily Lewis

SIGNATURE



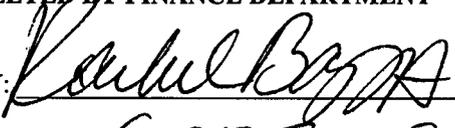
PRINCIPAL/DIRECTOR

N/A

SIGNATURE

N/A

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY:  DATE: 5/16/25

ACCOUNT NUMBER: SPEF - 839

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Emily Lewis, Executive Director

Name of Activity Fund: SPEF Grants Main Account Account No: 839

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
SPEF Funds - Grants	\$ 50,000	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ _____	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
SPEF Funds - Grants	\$ 50,000	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ 50,000	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ _____	\$ _____

FUNDRAISER REQUEST

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

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026 Sponsor Name: Kerri Justus

Name of Activity Fund: Open Doors Account No : 840

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

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ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	<i>KJ</i>
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	NA
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	

* 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.

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/30/2025

SITE: District Wide

ACCOUNT NAME: Open Doors

PURPOSE

To build a bridge between our international families and SPS with activities that educate, inform and connects

SOURCE(S) OF INCOME

Donations, SPS

PLANNED EXPENSES

Decorations for Cultural Events, Field Trips (registration and transportation)

SPONSOR NAME

Kerri Justus

SIGNATURE



PRINCIPAL/DIRECTOR

Elizabeth McBee

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Karol Borna*

DATE: 5/15/25

ACCOUNT NUMBER: 840

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Kerri Justus
 Name of Activity Fund: Open Doors Account No: 840

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Open Doors (SPS)	\$ 100.00	
Donations	\$ 200.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ 300.00	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ 300.00	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Decorations for Cultural Events	\$ 100.00	
Field Trips (registration/transportation)	\$ 200.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ 300.00	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ 0	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Kerri Justus

Name of Activity Fund: Open Doors Account No : 840

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026

Sponsor Name: Rob Lamecker

Name of Activity Fund: Facility Management

Account No : 843

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

N/A

PACKET CONTENTS:

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ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	RL
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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	RL

* 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.

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2025-2026 SITE: District Wide

ACCOUNT NAME: Facilities Management 843

PURPOSE

To financially support the mission and goals of Facilities Management department and its employees to include the purchase of refreshments, employee appreciation awards and other supplies as needed and not covered by government funds.

SOURCE(S) OF INCOME

All listed BOE approved revenue sources for the 2025-2026 school year.

PLANNED EXPENSES

All listed BOE approved expenditures for the 2025-2026 school year.

SPONSOR NAME

Rob Lamecker

SIGNATURE

[Handwritten Signature]

PRINCIPAL/DIRECTOR

SIGNATURE

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Handwritten Signature] DATE: 5/15/25

ACCOUNT NUMBER: 843

BOARD OF EDUCATION APPROVAL DATE:

STILLWATER BOARD OF EDUCATION

CFB-E1

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Rob Lamecker

Name of Activity Fund: Facility Management Account No : 843

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>3,448.07</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Rentals	\$ <u>1,200.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>1,000.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>4,648.07</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Refreshments - employee training	\$ <u>-500.00</u>	
_____	\$ _____	
and appreciation	\$ _____	
_____	\$ _____	
Equipment & Supplies	\$ <u>-500.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>- 1,000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>3,648.07</u>	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

STILLWATER BOARD OF EDUCATION

CFB-E1

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Rob Lamecker

Name of Activity Fund: Facility Management Account No: 843

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

N/A

PURPOSE OF RAISING FUNDS:

N/A

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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: 2025-2026 Sponsor Name: Natalie Brown

Name of Activity Fund: Family Support Services Account No : 859

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 the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	

* 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: 4/30/2025

SITE: District Wide

ACCOUNT NAME: Family Support Services

PURPOSE

Provide students throughout the district that are in need the educational and personal support they need to focus on their academic growth

SOURCE(S) OF INCOME

Donations, Kicking Child Hunger Grant

PLANNED EXPENSES

School Break Bags, Beds & Bedding, Bikes, Utilities, Clothing, Mileage Reimbursement, Clothing, Hygiene Supplies

SPONSOR NAME

Natalie Brown

SIGNATURE



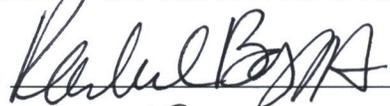
PRINCIPAL/DIRECTOR

Elizabeth McBee

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: 

DATE: 5/15/25

ACCOUNT NUMBER: 859

BOARD OF EDUCATION APPROVAL DATE:

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2025-2026 Sponsor Name: Natalie Brown

Name of Activity Fund: Family Support Services Account No : 859

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Donations	\$ 9000.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ 9000.00	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ 9000.00	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
School Break Bags	\$ 3000.00	
_____	\$ _____	
Beds & Bedding	\$ 3000.00	
_____	\$ _____	
Bikes	\$ 500	
_____	\$ _____	
Hygiene Supplies	\$ 1000.00	
_____	\$ _____	
Clothing	\$ 1500.00	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ 9000.00	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ ⁰ _____	\$ _____

* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

FUNDRAISER REQUEST

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

Reporting School Year: 2025-2026 Sponsor Name: Natalie Brown

Name of Activity Fund: Family Support Services Account No : 859

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

AMOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

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
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ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

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

Reporting School Year: 25-26 Sponsor Name: Ashley Moore

Name of Activity Fund: PSO Fund Account No: _____

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:

* New Account - # Will be assigned after board approval.

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	Am
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	Am
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	Am

**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: April 8, 2025

SITE: Admin

ACCOUNT NAME: Postsecondary Opportunity (PSO) Fund

PURPOSE

When/if Parchment accrues more than \$500 from alumni and/or 3rd party vendors due to surcharges from online transcripts or graduation verifications, then this money will go into the PSO activity account to support the continued education of admin and teachers on postsecondary opportunities and to support students as they take certification exams and have PSO needs for Capstone and Internship courses.

SOURCE(S) OF INCOME

Parchment will send payments once \$500 or more has accrued based on the following surcharges:

- alumni transcripts - \$10
3rd party transcripts - \$12
3rd party grad verifications - \$25

PLANNED EXPENSES

None
Dues & fees for tests
certification exams
exam study materials

professional development / training - as needed

SPONSOR NAME

Ashley Moore

SIGNATURE

Ashley K. Moore

PRINCIPAL/DIRECTOR

Ashley Moore

SIGNATURE

Ashley K. Moore

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature]

DATE: 5/23/25

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ACCOUNT NUMBER: _____

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 25-26 Sponsor Name: Ashley Mook

Name of Activity Fund: PSO Fund Account No: _____

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____

2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:

<u>Parchment payments</u>	\$ <u>500</u>	
<u>for transcripts,</u>	\$ <u>500</u>	
<u>grad verifications, +</u>	\$ <u>500</u>	
<u>3rd party transcripts.</u>	\$ <u>500</u>	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>2,000</u>	\$ <u>2,000</u>

3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ _____	\$ _____
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4. EXPENDITURES AND ESTIMATED AMOUNTS:

<u>- Duos + fees for certification</u>	\$ <u>500</u>
<u>tests</u>	\$ _____
<u>- certification tests</u>	\$ <u>500</u>
<u>- study materials</u>	\$ <u>300</u>
_____	\$ _____

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_____ \$ _____

Total Expenditures: \$ 1,300 \$ 1,300

5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3) \$ _____ \$ 700

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

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

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

SPONSOR SIGNATURE

ATHLETIC DIRECTOR AUTHORIZATION
(applicable only if athletic fundraiser)

PRINCIPAL AUTHORIZATION

BOARD OF EDUCATION APPROVAL DATE

FUNDRAISER CLOSEOUT

FUNDRAISER PROFIT START DATE: _____ END DATE: _____

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