

CrowdFunding
(CrowdFunding Application)

Date: _____

To: Building Principal & Assistant Superintendent of Support Services

From: _____
(Staff member & School)

Types of Crowdfunding	
<input type="checkbox"/>	Supplies
<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Monetary
<input type="checkbox"/>	Specific Project

Anticipated crowdfunding for school year beginning: _____

Proposed crowdfunding event (details of event):

Reason for the crowdfunding (i.e., to fund projects, need supplies, purchase equipment, field trips, etc.):

Curriculum connection:

Amount of money being sought:

Proposed internet publication detail:

Time frame for crowdfunding campaign:

Other sources for funds available for crowdfunding project (i.e. grants, school funds, etc.):

Signed by:

Person completing form

Date

Building Principal or Activities Director

Date

Assistant Superintendent Office Review & Approval

Technology Approval Required

Yes No

If yes, Director of Technology signature required

CrowdFunding

- Approved
- Denied

Signature of Assistant Superintendent

Date