

**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: Laurie Van Essen, CBO Secretary  
laurie.vanessen@tulare.k12.ca.us  
426 North Blackstone Street  
Tulare, CA 93274  
(559) 688-2021 Phone

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:

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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