

HEAD START of LANE COUNTY

Parent Activity Fundraising Project Approval Form

Date: _____ Site/Classroom: _____

Chair Name: _____

Committee Members: _____

Purpose of Fundraising:

Description of Project:

Timeline: (include beginning and ending dates)

Preparation needed: (include public relations, media contact, business contacted, etc.)

What follow-through will be needed?

By whom? _____ When? _____

How will communication to other committee members and parents take place? _____

Who else will be involved, and how? (staff, community, other parents, etc.)

Project: Approved Not Approved

Regional Manager: _____ Date: _____
(signature)