

# 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)