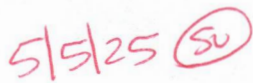


**Fundraisers Presented for Board Approval
May 12, 2025**

Ehibit 803.1

Sponsoring Group	Activity	Contact	Start Date	End Date	Est. Profit	Purpose of Funds
Westfield	Square 1 Art	Michael Brandt	Nov-25	25-Dec	\$1,500.00	Art supplies and equipment
	Apparel Sale	Michael Brandt	Sep-25	Nov-25	\$1,000.00	Supplies and equipment for essentials classes
10th Street Edition	Supernova Competition	Trent Buglewicz	1/17/2026	1/17/2026	\$40,000.00	travel, choreography, music, costumes, competition fees
Volleyball	Poster	Nicole Rowland	8/1/2025	10/31/2025	\$1,000.00	transportation, player food
	Camp	Nicole Rowland	6/30/2025	8/7/2025	\$6,000.00	coach stipend, team shirts, MaxOut training aid
	Apparel Sale	Nicole Rowland	7/1/2025	10/31/2025	\$1,000.00	equipment, Neurofuel training app



Request Due to the LRC	Board Meeting Date	Activity Start Date
1st day of School	1st Sept. Meeting	Day after meeting
Last day before Thanksgiving	December meeting	Day after meeting
Last day before Spring Break	1st April meeting	Day after meeting

School Name	Westfield Elementary	Sponsoring Group	Square 1 Art
Contact Name	Michael Brandt	Contact Phone	X3466
Contact E-Mail	mbrandt@linnmar.k12.ia.us	District Account	10.0407.1013.102.

ART bldg Supplemental Acct = 8039.001790

* I am approving that this request is necessary to provide funds for the purpose described above.

5-1-25

Business Manager	Office Use Only	Summary Due Date:
Review:	<u>Chitra Hinesal 2</u> <u>5/5/25</u>	_____
	Date	_____
School Board		_____
Review/Approval:	_____	_____
	Date	

5/5/25 SO

Code 1005.4-E1



Fund Raising Request Form

Completed request forms for the **2025-26** school year are to be submitted to the Business Manager, LRC, according to the following schedule:

Request Due to the LRC	Board Meeting Date	Activity Start Date
1st day of School	1st Sept. Meeting	Day after meeting
Last day before Thanksgiving	December meeting	Day after meeting
Last day before Spring Break	1st April meeting	Day after meeting

Important Note: A Fund Raising Project Summary is due **6 weeks after the activity ends**. Proceeds should be spent during the year the funds were raised. All groups are required to submit a request for each activity to the Business Manager specifying how all fund raising proceeds are to be spent.

School Name Westfield Elementary Sponsoring Group Cotten Gallery
 Contact Name Michael Brandt Contact Phone X3466
 Contact E-Mail mbrandt@linnmar.k12.ia.us District Account 10.0407.1013.102.101

Gen Bldg Supplemental Acct = 8039.001790

Description of Activity	
<i>*all information must be provided in order to be approved*</i>	
Fund Raising Activity	<u>Westfield T-shirts</u>
Activity Date(s)	<u>Fall of 2025</u>
Estimated Proceeds	<u>\$1,000-1,500</u>
Purpose and Use of Funds (MUST BE SPECIFIC)	<u>Westfield Essentials Art, Music, PE</u>
Funds will be used for items such as supplies and equipment for the essential groups.	
<u>Art, Music, and PE. Will also be used for items for building. Shelves for art show, art for</u>	
<u>building.</u>	

* I am approving that this request is necessary to provide funds for the purpose described above.

Building Admin

Signature of Approval

Date

Office Use Only		Summary Due Date: _____ _____ _____
Business Manager Review:	<u>5/5/25</u> Date	
School Board Review/Approval:	_____ Date	



4/30/25

Fundraising Request Form

Code: 1005.4-E1

Forms should be submitted to the Business Office per the following deadlines

Request Form Due	Board Approval Date	Fundraiser Start Date
First day of school for fundraisers occurring from October 1 st thru December 31 st	First meeting in September	Fundraisers should NOT start until the day immediately following board approval
Last day of school before Thanksgiving break for fundraisers occurring from January 1 st thru March 31 st	December meeting	
By February 15 th for fundraisers occurring from April 1 st thru May 31 st	March meeting	
By April 15 th for fundraisers occurring from June 1 st thru September 30 th	First meeting in May	

REMINDERS: All groups are required to submit a request for each fundraiser to the Business Office specifying how all funds raised will be spent. A Fundraising Project Summary (Refer to Policy 1005.4-E2) is due six weeks after the fundraiser ends. Proceeds should be spent during the year funds are raised.

Building Name: Linn-Mar High School Sponsoring Group: 10th Street Edition Show Choir
Contact Name: Trent Buglewicz Contact Phone: 3198924881
Contact Email: tbuglewicz@linnmar.k12.ia.us District Account Code: 21-3209-1900-910-6216-001790 ✓
0109

Description of Fundraising Activity (All information is required for the request to be considered)

Fundraising Activity: Supernova Show Choir Invitational

Activity Start/End Dates: January 17, 2026 Estimated Proceeds: 40,000

Purpose/Use of Funds Raised (Must be specific): Student Travel for competitions, Choreography Costs, arrangement costs, music rights, costumes, lighting, entrance fees, riser additions, technical direction cost.

Administrator Approval:

I approve that this request is necessary to provide funds for the purposes described above.

Building Administrator's Signature: [Signature] Date: 4/29/25

Business Office and Board Review/Approval:

Business Office Review/Approval: [Signature] Date: 5/5/25

Board Review/Approval: _____ Date: _____

Summary Due Date: _____

Revised: 6/22; 7/22



4/30/25 50

Fundraising Request Form

Code: 1005.4-E1

Forms should be submitted to the Business Office per the following deadlines

Request Form Due	Board Approval Date	Fundraiser Start Date
First day of school for fundraisers occurring from October 1 st thru December 31 st	First meeting in September	Fundraisers should NOT start until the day immediately following board approval
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By February 15 th for fundraisers occurring from April 1 st thru May 31 st	March meeting	
By April 15 th for fundraisers occurring from June 1 st thru September 30 th	First meeting in May	

REMINDERS: All groups are required to submit a request for each fundraiser to the Business Office specifying how all funds raised will be spent. A Fundraising Project Summary (Refer to Policy 1005.4-E2) is due six weeks after the fundraiser ends. Proceeds should be spent during the year funds are raised.

Building Name: High School Sponsoring Group: Volleyball #3
Contact Name: Nicole Rowland Contact Phone: 319 447 3022
Contact Email: nicole.rowland@linnmar.k12.ia.us District
Account Code: 21.0109.1900.920.6816.000618

Description of Fundraising Activity (All information is required for the request to be considered) Fundraising Activity:

Poster Sponsors

Activity

Start/End Dates: 8/1/2025 - 10/31/2025 Estimated Proceeds: \$1000

Purpose/Use of Funds Raised (Must be specific):

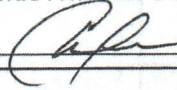
— food for players

— transportation

Administrator Approval:

I approve that this request is necessary to provide funds for the purposes described above.

Building Administrator's Signature: _____

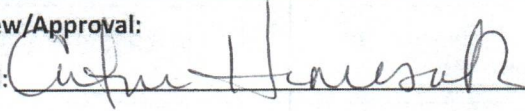


Date: _____

4/30/25

Business Office and Board Review/Approval:

Business Office Review/Approval: _____



Date: _____

5/5/25

Board Review/Approval: _____

Date: _____

Summary Due Date: _____

Revised: 6/22; 7/22

4/30/25



Fundraising Request Form

Code: 1005.4-E1

Forms should be submitted to the Business Office per the following deadlines

Request Form Due	Board Approval Date	Fundraiser Start Date
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By April 15 th for fundraisers occurring from June 1 st thru September 30 th	First meeting in May	

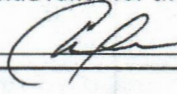
REMINDERS: All groups are required to submit a request for each fundraiser to the Business Office specifying how all funds raised will be spent. A Fundraising Project Summary (Refer to Policy 1005.4-E2) is due six weeks after the fundraiser ends. Proceeds should be spent during the year funds are raised.

Building Name: <u>High School</u> Sponsoring Group: <u>Volleyball</u> #1	
Contact Name: <u>Nicole Rowland</u> Contact Phone: <u>319 447 3022</u>	
Contact Email: <u>nicole.rowland@linnmar.k12.ia.us</u> District: <u>12</u>	
Account Code: <u>21.0109.1400.920.6816.000618</u>	
Description of Fundraising Activity (All information is required for the request to be considered) Fundraising Activity: <u>Volleyball Camp / Community ed</u>	
Start/End Dates: <u>6/30/2025 - 8/7/2025</u> Estimated Proceeds: <u>\$6000</u>	
Purpose/Use of Funds Raised (Must be specific): <u>pay for additional Coach</u>	
<u>— purchase team shirts for 80+ athletes</u>	
<u>— MaxOut Mindset training</u>	

Administrator Approval:

I approve that this request is necessary to provide funds for the purposes described above.

Building Administrator's Signature: _____

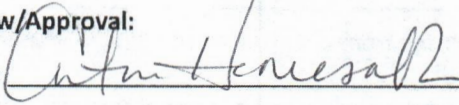


Date: _____

4/30/25

Business Office and Board Review/Approval:

Business Office Review/Approval: _____



Date: _____

5/5/25

_____ Board Review/Approval: _____

Date: _____

Summary Due Date: _____

Revised: 6/22; 7/22



4/30/25

Fundraising Request Form

Code: 1005.4-E1

Forms should be submitted to the Business Office per the following deadlines

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By April 15 th for fundraisers occurring from June 1 st thru September 30 th	First meeting in May	

REMINDERS: All groups are required to submit a request for each fundraiser to the Business Office specifying how all funds raised will be spent. A Fundraising Project Summary (Refer to Policy 1005.4-E2) is due six weeks after the fundraiser ends. Proceeds should be spent during the year funds are raised.

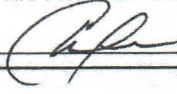
Building Name: <u>High School</u>	Sponsoring Group: <u>Volleyball #2</u>
Contact Name: <u>Nicole Rowland</u>	Contact Phone: <u>319 547 3022</u>
Contact Email: <u>nicole.rowland@linnmar.k12ia.us</u>	District: <u>45</u>
Account Code: <u>21.0109.1900.920.6816.000618</u>	

Description of Fundraising Activity (All information is required for the request to be considered)	Fundraising Activity:
<u>Apparel order</u>	<u>Activity</u>
Start/End Dates: <u>7/1/2025 - 10/31/2025</u>	Estimated Proceeds: <u>\$1000</u>
Purpose/Use of Funds Raised (Must be specific):	
<u>Misc. equipment</u>	
<u>Neurofuel app to assist mindset training</u>	

Administrator Approval:

I approve that this request is necessary to provide funds for the purposes described above.

Building Administrator's Signature: _____

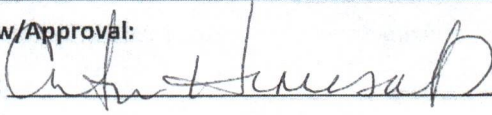


Date: _____

4/30/25

Business Office and Board Review/Approval:

Business Office Review/Approval: _____



Date: _____

5/5/25

_____ Board Review/Approval: _____

Date: _____

Summary Due Date: _____

Revised: 6/22; 7/22