



DAVIES BOOSTER CLUB FUNDS REQUEST

Guidelines and Form (updated June 2022)

The Davies Booster Club provides financial support for as many academic, extra-curricular and athletic requests as possible. Our goal is to distribute funds fairly and equitably to all requesting programs. Our main sources of revenue are **membership and donations**. Please encourage the adults associated with your request to become members and to donate their time in some way to the Booster Club so we continue to have the resources for requests such as this.

The Booster Club **supplements, not replaces the District's budgetary obligations.**

Positive fund request objectives include:

Long term impact on students

Represents non-recurring expenditures

We do not fund personal items (such as items with individual names or items that the students keep)

Request Deadline: The first Wednesday of the Month (*Meetings are the 2nd Wednesday of the month*)

Submit Request to Both:

Lenny Ohlhauser, Davies Athletic Director,
ohlhaul@fargo.k12.nd.us and

info@daviesbooster.com (submission link at bottom of page 2)

Submission Guidelines:

Complete both pages of request form. All fields are required to be completed

Board meeting attendance recommended by at least **1 representative for requests over \$1000**

Two price quotes recommended for items exceeding \$2,000

Include copy of receipt(s) -Put in the Booster Club mailbox in Davies Office, if applicable

Approximate number of Booster Club Members in your group/team/club? (if known) _____

Has your group/team/club reached out to the school to work concessions, to raise funds, as well? Yes _____ No _____

Have you utilized funds in your **FUND 60**, if applicable, for your end of year party request?

Yes _____ No _____

Today's Date: _____

Date Needed By: _____

Individual/Group Requesting: _____

Contact: _____

Phone/Email: _____

Number of Students Impacted by donation: _____

Amount Requested: _____

Please Describe what the funds will be used for:

Additional funding sources for this request:

(What are they, have you requested their assistance, and what is the status)?

What is the alternate option if this request is not approved:

Signature of person making the request:

**If approved, you will provide digital photo to share with Booster Club Facebook page, if appropriate.*

Approved I Denied (circle decision) Date: _____

Amount Approved: _____

Booster Official Signature : _____

Receipt Received _____ **Photo Received** _____

The Davies Booster club will need a copy of the receipt after the item has been purchased. A copy of the receipt should be emailed to info@daviesbooster.com or mailed to Davies Booster Club, 7150 25th St. S. Fargo ND **no later than 14 days after the funding item has been purchased.**

**CLICK BOX BELOW TO SEND COMPLETED FORM
SUBMIT NOW**

