



PROPOSAL PLANNING GUIDE - FUNDRAISER EVENT

Date Submitted: [Click here to enter a date.](#)

Approved: [Click here to enter a date.](#)

1. GENERAL INFORMATION

ACTIVITY NAME: [Click here to enter text.](#)

EVENT CATEGORY: *(check all that apply)*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Support Parent, Family and Community Engagement | <input type="checkbox"/> Support Positive School Climate | <input type="checkbox"/> Support Diverse School Community | <input type="checkbox"/> Student Learning Goals/Challenges |
| <input type="checkbox"/> Other <i>(please specify):</i> Click here to enter text. | | | |

FUNDRAISING CATEGORY: *(check all that apply)*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Student Special Needs | <input type="checkbox"/> Opportunity Funds | <input type="checkbox"/> Spiritual/Cultural | <input type="checkbox"/> Education |
| <input type="checkbox"/> Literacy Resources | <input type="checkbox"/> Teacher Resources | <input type="checkbox"/> Classroom Resources | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Healthy Living/Rec. | <input type="checkbox"/> Arts / Music | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Building/Grounds |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Other <i>(please specify):</i> Click here to enter text. | | |
| <input type="checkbox"/> School Engagement | | | |

Rationale/Need:

[Click here to enter text.](#)

Brief Outline / Description of Activity:

[Click here to enter text.](#)

Intended OUTCOMES: *(check all that apply and specify)*

- | | | | | |
|------------------------------------|------------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Knowledge | <input type="checkbox"/> Skill | <input type="checkbox"/> Attitude | <input type="checkbox"/> Other |
| <input type="checkbox"/> Condition | | | | |

[Click here to enter text.](#)

2. NEEDS ADDRESSED – IMPACT *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Foster Well-Being and Mental Health*
We create safe, healthy and inclusive learning and working environments. | <input type="checkbox"/> Champion Equity & Inclusivity*
We develop the knowledge, skills and attitudes to remove barriers in support of all learners. |
| <input type="checkbox"/> Build Collaborative Relationships*
We built trusting relationships based on respectful and responsive communication. | <input type="checkbox"/> Empower Ethical Leadership*
We lead ethically by focusing on students and upholding our values. |

*York Region District School Board (YRDSB) - Trustees' Multi-Year Strategic Plan



3. PHYSICAL RESOURCES REQUIRED / SPACE (INPUTS)

(Check all that apply)

- Gym
- Classroom(s) # [Click here to enter text.](#)
- Outdoor School Property
- Sports / Arts Equipment
- Other (*please specify*): [Click here to enter text.](#)
- Off-Site
- Tables/Chairs
- AV Equipment

Please detail (quantity, times etc.):

[Click here to enter text.](#)

4. PEOPLE RESOURCES (INPUTS)

(*check all that apply*):

- Students # [Click here to enter text.](#)
- Parents / Families
- Volunteers # [Click here to enter text.](#)
 - Male(s) Required
 - Female(s) Required
- School Council
- Teachers
- School Administration
- Custodial
- Other (*please specify*): [Click here to enter text.](#)

Please detail Role / Tasks / Responsibilities for each resource person / group:

[Click here to enter text.](#)

5. SCHEDULE / AGENDA / LOGISTICS (INPUTS)

Proposed Date(s)Time(s) [Click here to enter text.](#)

Please detail: [Click here to enter text.](#)

6. PARTICIPANTS / DIVERSITY / INCLUSION

Please check all that apply

- Students
- Parents
- Teachers/School
- Numbers [Click here to enter text.](#)
- Families
- Community
- Grades [Click here to enter text.](#)

Other (*specify*): [Click here to enter text.](#)

Please detail measures to reflect school community and Ontario's Equity and Inclusive Education Strategy:
(e.g. cultural considerations, accommodation needs, activity options, food options, translation services, childcare, space/time)

[Click here to enter text.](#)



7. BUDGET / EXPENSES / EXPECTED MONIES RAISED

Must adhere to Board Policy #676.0 School Fundraising and Administration of School Generated Funds and BPS Procurement Directive. Use of vendors for products/services will be accompanied by three quotes. Conflict of Interest policies apply.

Please detail: [Click here to enter text.](#)

8. COMMUNICATIONS / MARKETING

Please check all that apply

- | | | |
|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Council Info Board | <input type="checkbox"/> Website |
| <input type="checkbox"/> EDSBY | <input type="checkbox"/> Posters | <input type="checkbox"/> PA |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Flyers | |

Other (*specify*): [Click here to enter text.](#)

Please detail specific needs (lead times, deadlines, required approvals, quantities)

[Click here to enter text.](#)

9. SECURITY and/or HEALTH & SAFETY CONSIDERATIONS

What and how will they be addressed (e.g. material inventory, supervision)?

(Elementary Safe Welcome Program – Caring and Safe Schools #668.0)

[Click here to enter text.](#)

10. What impact will this offering have on the participants (short/long-term)?

[Click here to enter text.](#)

11. What methods of EVALUATION will be utilized?

[Click here to enter text.](#)

FEEDBACK / FOLLOW-UP / COMMENTS

[Click here to enter text.](#)

Please contact the School Council at mazo.de.la.roche.ps@sc.yrdsb.ca if you require assistance in completing this form. When complete, please submit this form electronically to the same email address, or if submitting a hard copy, please use the School Council mailbox in the main office and address your submission to the School Council Chair.

Thank you for taking the time to complete this form. Successful planning will mean successful events!