



Pacific Collegiate School

2017 - 2018 PCS Group Activities and Fundraising Authorization Application (GAFAA)

Please download this form on to your computer, fill out, save and then email to gafaa@pcsed.org. By doing this, you should be able to make corrections if necessary.

Every group or club (extracurricular and co-curricular) or fundraising activity associated in any way with PCS must submit a GAFAA annually, regardless of past approvals. All applications will go through an internal administrative review and approval process. **This is required prior to operation as a club or group.**

SEE [DIRECTIONS](#) and [FAQ's](#)

IF YOU NEED GUIDANCE IN COMPLETING THIS FORM.

Applicants are encouraged to submit applications early, preferably **two (2) months** prior to the proposed start date of your activity but **NO LESS THAN** one (1) month from that date. Applications will be accepted throughout the school year, however date preferences will be given to the first applications received and authorized.

Check here if you are making changes to your original APPROVED 2017-18 GAFAA (changes need to be preceded with ***; see directions)

Please indicate the type of authorization you are seeking:

Group/Club/Activity
 Funded/Fundraising Authorization**
 Both**

**Annual Budget for Group/Club/Activity must be submitted with GAFAA (see Budget Instructions/Template)

Will you be creating or purchasing materials (spirit wear, uniforms, patches, bumper, stickers, posters, websites, etc.) that will carry any type of PCS logo, name or other symbols AT ANYTIME DURING THE YEAR?

Yes No

If YES, the following is REQUIRED:

- a. Attach a photocopy of any existing materials for your sport, club or activity that include PCS' name, logo or associated symbols.
- b. Complete the attached [Logo and Identity Authorization form](#). Pre-approval of this form is required **BEFORE ORDERING ANY** materials.

See also the official [PCS Logo and Identity Style Guide](#) for appropriate color and style.

1. Name of Club/Team/Activity: _____

2. Type of Activity: _____

3. Timing and Duration of Activity: _____

4. Target/Purpose of Activity: _____

5. Estimated Number of Participants: _____

6. Faculty Member, Sponsor or Coach: _____

Contact Phone #: _____ Email Address: _____

7. Parent Advisor or Volunteer: _____

Contact Phone #: _____ Email Address: _____

8. Student Leader(s): _____

Contact Phone #: _____ Email Address: _____

Contact Phone #: _____ Email Address: _____

9. Mission Alignment: Please explain how your activity advances, supports or is aligned with the Mission and Vision of PCS and/or will enrich the student or PCS community experience.

10. Inclusiveness:

Does your student activity or organization discriminate for any reason?

YES

NO

If Yes, please explain.

11. Supervision: Please explain how your activity will be supervised. List other impacts you may be aware of as well and appropriate resolutions (DRIVERS for any of these activities need to complete the [Personal Use Vehicle form](#)).

12. Facilities: Please explain what on-site and off-site facility space and **dates/times** your activity will require.

13. Funding: The following steps will ask you to provide detailed information on how the activity will be funded with a sustainable funding source throughout the school year.

Student Activities at Pacific Collegiate School must have a funding plan, utilizing one or more of the strategies listed below:

- 1) Self-funded through an individual donation request to each participant,
- 2) Funded through fundraising efforts/events at or associated with PCS (car wash, food sales),
- 3) Supported from one-time and other on-going sustainable funds, including PVA requests for funds.

PLEASE NOTE: All funds left in accounts and inactive for two years will be redirected by the Principal.

Please address the next three points based on the type of funding you are planning to utilize; address any of these funding models that apply.

14. Individual Donation Request to Each Participant:

15. Fundraising Efforts/Events*: Please explain how this will be accomplished and identify the target population and dates of funding requests or solicitations. This is important for scheduling. **YOUR GAFAA WILL NOT BE APPROVED IF DATES AND TARGETS ARE NOT SPECIFIED!**

Is a student-focused, on-campus, food-related fundraiser planned (includes PVA)*? yes no

If YES, complete a [Lunch/Snack Fundraising Request Form](#).

16. Other Funding Sources: Please explain, in detail, the exact source of the funds, and whether or not the funds are on-going or one-time donations.

SEE DIRECTIONS for sample balanced budget

PCS GAFAA Budget 2017-2018

Group/Club/Activity Name: _____

Budget Prepared by: _____ Date: _____

INCOME

Opening Balance (per Business Office): Please include a copy of the financial activity report	\$
Participation Donation: (# of participants) <input type="checkbox"/> X <input type="checkbox"/> (requested amt)	\$
Other Fundraising:	\$
Other Income:	\$
Other Income:	\$
Other Income:	\$
Other Income:	\$
Other Income:	\$
Other Income:	\$
TOTAL INCOME:	\$

* _____ Initial that you understand the following statement:

Food fundraising must follow the USDA Healthy Meals guidelines.

EXPENSES

Uniforms/Spirit wear: (Pre-approval necessary; complete Logo & Identity Authorization form)	\$	
Stipend: (Maximum: \$1200 HS, \$600 JH – sports only)	\$	
Stipend Tax: (\$120 HS, \$60 JH – sports only)	\$	
Administrative Fee: (\$100/team/year required -- sports only)	\$	
Facility Fees:	\$	
Tournament Fees:	\$	
Other Fees (be specific):	\$	
Travel Costs:	\$	
Officials:	\$	
Fundraising Costs:	\$	
Other Costs:	\$	
Other Costs:	\$	
Other Costs:	\$	
Other Costs:	\$	
Other Costs:	\$	
Other Costs:	\$	
TOTAL EXPENSES:		\$

Estimated Annual Budget is included (required for fundraising). Yes No

Student Activity Authorization: This form must be acknowledged by the following people prior to submission. Signing this form acknowledges your agreement to abide by the expectations set forth in the PCS Group Activities Policy, and the terms set forth and submitted in this GAFAA.

Faculty Member, Sponsor or Coach (signature): _____

Printed Name: _____ Date: _____

Parent Advisor (signature): _____

Printed Name: _____ Date: _____

Student Leader (signature): _____

Printed Name: _____ Date: _____