

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:** VII B **DATE:** May 18, 2026

**TOPIC/TITLE:** School Fundraiser Requests

**PRESENTER:** Dr. Lori Jones

**ORIGIN:**

TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)  
ACTION REQUESTED AT THIS MEETING  
ITEM IS ON THE CONSENT AGENDA FOR APPROVAL  
ACTION REQUESTED AT FUTURE MEETING: (DATE)  
BOARD REVIEW REQUIRED BY

STATE OR FEDERAL LAW OR REGULATION  
BOARD OF EDUCATION POLICY  
OTHER:

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION  
PREVIOUS REVIEW OR ACTION

DATE:  
ACTION:

**BACKGROUND INFORMATION:**

As per Board policy, all fundraisers must be approved by the Board of Education prior to the beginning of each fundraiser.

**SUMMARY OF MAJOR ELEMENTS:**

Attached Fundraisers:  
WCHS Orchestra (car washes);  
WCHS Orchestra (Community Pops Performance)  
SHA (Kroger Community Rewards)  
SHA (Student Supply Drive)  
Southside Elem PTO (Teacher Appreciation)  
Southside Elem PTO (Round-Up Rodeo)  
Southside Elem PTO (Spirit Wear)  
WCMS TSA (T-shirt Sponsorships)  
Elementaries (Local Business Sponsorships)

**IMPACT ON RESOURCES:** None

**TIMETABLE FOR FURTHER REVIEW OR ACTION:** Final report on each fundraiser due to Board of Education within 30 days of the fundraiser ending date.

**SUPERINTENDENT'S RECOMMENDATION:**  Recommended  Not Recommended

*Lori Jones*

---

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: Woodford County High School

Date: 4-17-26

Person/Club/Organization: Woodford County High School Orchestra

Fund-Raiser Requested: June Car Wash Series

Is this a Service Project per Board Policy 09.33?  Yes  No

Product to be Sold: Student made goods and services

Number of Students: 42

Expected Beginning Date: June 1st, 2026 (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: June 20th, 2026

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ <u>2100</u>	\$ _____
2. Expenses/Cost of Goods Sold:	\$ <u>75</u>	\$ _____
3. Total Profit:	\$ <u>2025</u>	\$ _____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUALS</u>
<u>All proceeds will go towards the cost of Orchestra Disney Trip</u>	\$ <u>2025</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

6. Sponsor's Signature: Zoey Harrison Date: 4/17/26

7. As Principal, I  recommend  do not recommend this project.

Form is typed  Budget report is attached

Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: \_\_\_\_\_ Date 4-10-26

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: Jan Jones Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

# WOODFORD COUNTY PUBLIC SCHOOLS



## MTD

PROJECT NUMBER: 75895		ORCHESTRA-SAF			
STATE CODE:		THROUGH EOY 2026			
CFDA NUMBER:		THROUGH EOY 2026			
GRANT AMOUNT:		THROUGH EOY 2026			
DESCRIPTION	ENCUMBRANCE	REVISED BUDGET	EXPENDITURES YEAR TO DATE	EXPENDITURES PROJECT TO DATE	AVAILABLE BUDGET
<b>REVENUE</b>					
<b>W045 SCH ACT REVENUE</b>					
0999	BEG BALANCE CARRY FORWARD	.00	-2,124.02	-2,171.82	47.80
1740	STUDENT FEES	.00	-4,000.00	-564.99	-3,435.01
1790	OTHER STUDENT ACTIVITY INCOME	.00	.00	-60.00	60.00
<b>TOTAL W045 SCH ACT REVENUE</b>		<b>.00</b>	<b>-6,124.02</b>	<b>-2,796.81</b>	<b>-3,327.21</b>
<b>EXPENSES</b>					
<b>CO-CURRIC &amp; EXTRA CURRIC SAF</b>					
0673	STUDENT REGISTRATIONS	.00	4,000.00	.00	4,000.00
0675	ORGANIZTN SUPPLIES (ACTIVITY)	.00	.00	.00	.00
0895	OTHER STUDENT TRAVEL	900.00	2,124.02	221.04	1,002.98
<b>TOTAL CO-CURRIC &amp; EXTRA CURRIC SAF</b>		<b>900.00</b>	<b>6,124.02</b>	<b>221.04</b>	<b>5,002.98</b>
<b>TOTAL ORCHESTRA-SAF</b>		<b>900.00</b>	<b>.00</b>	<b>-2,575.77</b>	<b>1,675.77</b>
<b>TOTAL REVENUES</b>		<b>.00</b>	<b>-6,124.02</b>	<b>-2,796.81</b>	<b>-3,327.21</b>
<b>TOTAL EXPENSES</b>		<b>900.00</b>	<b>6,124.02</b>	<b>221.04</b>	<b>5,002.98</b>
<b>GRAND TOTALS</b>		<b>900.00</b>	<b>.00</b>	<b>-2,575.77</b>	<b>1,675.77</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: Woodford County High School

Date: 4-17-26

Person/Club/Organization: Woodford County High School Orchestra

Fund-Raiser Requested: Community Pops Performance with Instrument Petting Zoo

Is this a Service Project per Board Policy 09.33?  Yes  No

Product to be Sold: Student made goods and services

Number of Students: 42

Expected Beginning Date: June 1st, 2026

(Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: June 20th, 2026

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ <u>500</u>	\$ _____
2. Expenses/Cost of Goods Sold:	\$ <u>0</u>	\$ _____
3. Total Profit:	\$ <u>500</u>	\$ _____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUALS</u>
<u>All proceeds will go towards the cost of Orchestra Disney Trip</u>	\$ <u>500</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

6. Sponsor's Signature: Zoey Harrison Date: 4/17/26

7. As Principal, I  recommend  do not recommend this project.

Form is typed  Budget report is attached

Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: [Signature] Date 5-7-26

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: Joni Jones Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

# WOODFORD COUNTY PUBLIC SCHOOLS



## MTD

PROJECT NUMBER: 75885		ORCHESTRA-SAF				THROUGH EOY 2026
STATE CODE:		THROUGH EOY 2026				
CFDA NUMBER:		THROUGH EOY 2026				
GRANT AMOUNT:		THROUGH EOY 2026				
DESCRIPTION	ENCUMBRANCE	REVISED BUDGET	YEAR TO DATE	EXPENDITURES PROJECT TO DATE	AVAILABLE BUDGET	
<b>75885 ORCHESTRA-SAF</b>						
<b>(00000) WCHS SCH ACT REVENUE</b>						
0999	BEG BALANCE CARRY FORWARD	.00	-2,124.02	-2,171.82	-2,171.82	47.80
1740	STUDENT FEES	.00	-4,000.00	-564.99	-564.99	-3,435.01
1790	OTHER STUDENT ACTIVITY INCOME	.00	.00	-60.00	-60.00	60.00
<b>TOTAL WCHS SCH ACT REVENUE</b>		<b>.00</b>	<b>-6,124.02</b>	<b>-2,796.81</b>	<b>-2,796.81</b>	<b>-3,327.21</b>
<b>(00055) CO-CURRIC &amp; EXTRA CURRIC SAF</b>						
0673	STUDENT REGISTRATIONS	.00	4,000.00	.00	.00	4,000.00
0675	ORGANIZTN SUPPLIES (ACTIVITY)	.00	.00	.00	.00	.00
0895	OTHER STUDENT TRAVEL	900.00	2,124.02	221.04	221.04	1,002.98
<b>TOTAL CO-CURRIC &amp; EXTRA CURRIC SAF</b>		<b>900.00</b>	<b>6,124.02</b>	<b>221.04</b>	<b>221.04</b>	<b>5,002.98</b>
<b>TOTAL ORCHESTRA-SAF</b>		<b>900.00</b>	<b>.00</b>	<b>-2,575.77</b>	<b>-2,575.77</b>	<b>1,675.77</b>
<b>TOTAL REVENUES</b>		<b>.00</b>	<b>-6,124.02</b>	<b>-2,796.81</b>	<b>-2,796.81</b>	<b>-3,327.21</b>
<b>TOTAL EXPENSES</b>		<b>900.00</b>	<b>6,124.02</b>	<b>221.04</b>	<b>221.04</b>	<b>5,002.98</b>
<b>GRAND TOTALS</b>		<b>900.00</b>	<b>.00</b>	<b>-2,575.77</b>	<b>-2,575.77</b>	<b>1,675.77</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditure, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: Safe Harbor Academy Date:4-30-26

Person/Club/Organization: SHA Kroger Community Rewards

Fund-Raiser Requested: SHA Kroger Community Rewards

Is this a Service Project by Board Policy 09.33?  Yes  No

Product to be Sold: Kroger gives a percentage back of purchases.

Number of Students Participating: None

Expected Beginning Date: 7-1-2026 (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: 6-30-2027

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ <u>500</u>	\$ _____
2. Expenses/Cost of Goods Sold:	\$ _____	\$ _____
3. Total Profit:	\$ 500	\$ _____
4. Please attach a copy of your organization's budget for this academic year.		
5. Please specify below how the funds raised by <u>this event</u> are to be spent.		

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
<u>Student Rewards, School Supplies, Incentives</u>	\$ <u>500</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

6. Sponsor's Signature: Logan Culbertson Date: 4-30-26

7. As Principal, I  recommend  do not recommend this project.
- Form is typed       Budget report is attached
- Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: Logan Culbertson Date 4-30-26

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: Jan Jones Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

Review/Revised:6/27/2016

# WOODFORD COUNTY PUBLIC SCHOOLS



## SHA

PROJECT NUMBER: 7800  
 STATE CODE:  
 CFDA NUMBER:  
 GRANT AMOUNT:

GENERAL ACTIVITY ACCOUNT-DAF  
 THROUGH MAR 2026

THROUGH MAR 2026

DESCRIPTION	ENCUMBRANCE	REVISED BUDGET	* * * * * E X P E N D I T U R E S * * * * *				AVAILABLE BUDGET
			QUARTER TO DATE	YEAR TO DATE	PROJECT TO DATE		
<b>7800 GENERAL ACTIVITY ACCOUNT-DAF</b>							
0616 FOOD NON INSTR NON FOOD SVC		.00	500.00	153.05	157.96	157.96	342.04
0675 ORGANIZTN SUPPLIES (ACTIVITY)		.00	767.23	317.29	317.29	317.29	449.94
0999 BEG BALANCE CARRY FORWARD		.00	-167.23	.00	-282.51	-282.51	115.28
1510 INTEREST ON INVESTMENTS		.00	.00	-1.53	-9.52	-9.52	9.52
1790 OTHER STUDENT ACTIVITY INCOME		.00	-100.00	.00	-84.65	-84.65	-15.35
1920 CONTRIBUTIONS/DONATIONS		.00	-1,000.00	-50.23	-50.23	-50.23	-949.77
<b>TOTAL GENERAL ACTIVITY ACCOUNT-DAF</b>		<b>.00</b>	<b>.00</b>	<b>418.58</b>	<b>48.34</b>	<b>48.34</b>	<b>-48.34</b>
<b>TOTAL REVENUES</b>		<b>.00</b>	<b>-1,267.23</b>	<b>-51.76</b>	<b>-426.91</b>	<b>-426.91</b>	<b>-840.32</b>
<b>TOTAL EXPENSES</b>		<b>.00</b>	<b>1,267.23</b>	<b>470.34</b>	<b>475.25</b>	<b>475.25</b>	<b>791.98</b>
<b>GRAND TOTALS</b>		<b>.00</b>	<b>.00</b>	<b>418.58</b>	<b>48.34</b>	<b>48.34</b>	<b>-48.34</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SHA

REPORT OPTIONS

Sequence	Field #	Total	Page	Break
Sequence 1	12	Y	N	
Sequence 2	11	Y	N	
Sequence 3	00	N	N	
Sequence 4	00	N	N	

Report title:  
SHA

Print totals only: Y  
Include Encumbrances: Y  
Multiyear view: Life-to-date  
Suppress zero balance accts: Y

File output: N  
Year/period: 2026/09  
Print revenue as credit: Y  
(F)ull or (S)hort desc: F  
Print full GL account: N  
Double space: N  
Summ objs to position: 4  
Roll to major project? N  
Print amounts on separate line: N  
Print journal detail: N  
Year/period: 2026/07  
to  
Year/period: 2026/09  
Sort by JE # or PO #: P  
Detail format option: 1

\*\* END OF REPORT - Generated by Anita Mize \*\*

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditure, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: Safe Harbor Academy Date:4-30-26

Person/Club/Organization: SHA Student Supply Drive 26-27

Fund-Raiser Requested: School Supplies: Notebooks, Pens, Pencils, Tissues, Clorox Wipes

Is this a Service Project by Board Policy 09.33?  Yes  No

Product to be Sold: Supplies donated

Number of Students Participating: None

Expected Beginning Date: 7-1-2026 (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: 09-01-2026

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ <u>500</u>	\$ _____
2. Expenses/Cost of Goods Sold:	\$ _____	\$ _____
3. Total Profit:	\$ 500	\$ _____
4. Please attach a copy of your organization's budget for this academic year.		
5. Please specify below how the funds raised by <u>this event</u> are to be spent.		

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
Student Rewards, School Supplies, Incentives	\$ <u>500</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

6. Sponsor's Signature: Logan Culbertson Date: 4-30-26

7. As Principal, I  recommend  do not recommend this project.
- Form is typed       Budget report is attached
- Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: Logan Culbertson Date 4-30-26

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: Jon Jones Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

Review/Revised:6/27/2016

# WOODFORD COUNTY PUBLIC SCHOOLS



## SHA

PROJECT NUMBER: 7800		GENERAL ACTIVITY ACCOUNT-DAF					
STATE CODE:		THROUGH MAR 2026					
CFDA NUMBER:		THROUGH MAR 2026					
GRANT AMOUNT:		THROUGH MAR 2026					
DESCRIPTION	ENCUMBRANCE	REVISED BUDGET	QUARTER TO DATE	EXPENDITURES YEAR TO DATE	EXPENDITURES PROJECT TO DATE	AVAILABLE BUDGET	
<b>7800 GENERAL ACTIVITY ACCOUNT-DAF</b>							
0616	FOOD NON INSTR NON FOOD SVC	.00	500.00	153.05	157.96	157.96	342.04
0675	ORGANIZTN SUPPLIES (ACTIVITY)	.00	767.23	317.29	317.29	317.29	449.94
0999	BEG BALANCE CARRY FORWARD	.00	-167.23	.00	-282.51	-282.51	115.28
1510	INTEREST ON INVESTMENTS	.00	.00	-1.53	-9.52	-9.52	9.52
1790	OTHER STUDENT ACTIVITY INCOME	.00	-100.00	.00	-84.65	-84.65	-15.35
1920	CONTRIBUTIONS/DONATIONS	.00	-1,000.00	-50.23	-50.23	-50.23	-949.77
<b>TOTAL GENERAL ACTIVITY ACCOUNT-DAF</b>		<b>.00</b>	<b>.00</b>	<b>418.58</b>	<b>48.34</b>	<b>48.34</b>	<b>-48.34</b>
<b>TOTAL REVENUES</b>		<b>.00</b>	<b>-1,267.23</b>	<b>-51.76</b>	<b>-426.91</b>	<b>-426.91</b>	<b>-840.32</b>
<b>TOTAL EXPENSES</b>		<b>.00</b>	<b>1,267.23</b>	<b>470.34</b>	<b>475.25</b>	<b>475.25</b>	<b>791.98</b>
<b>GRAND TOTALS</b>		<b>.00</b>	<b>.00</b>	<b>418.58</b>	<b>48.34</b>	<b>48.34</b>	<b>-48.34</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SHA

REPORT OPTIONS

Sequence	Field #	Total	Page Break
Sequence 1	12	Y	N
Sequence 2	11	Y	N
Sequence 3	00	N	N
Sequence 4	00	N	N

Report title:  
SHA

Print totals only: Y  
Include Encumbrances: Y  
Multiyear view: Life-to-date  
Suppress zero balance accts: Y

File output: N  
Year/period: 2026/09  
Print revenue as credit: Y  
(F)ull or (S)hort desc: F  
Print full GL account: N  
Double space: N  
Summ objs to position: 4  
Roll to major project? N  
Print amounts on separate line: N  
Print journal detail: N  
Year/period: 2026/07  
to  
Year/period: 2026/09  
Sort by JE # or PO #: P  
Detail format option: 1

\*\* END OF REPORT - Generated by Anita Mize \*\*

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: **Southside Elementary**

Date: **4/30/26**

Person/Club/Organization: **PTO**

Fund-Raiser Requested: **Teacher Appreciation**

Is this a Service Project per Board Policy 09.33?       Yes       No

Product to be Sold: **Donations (Food, supplies, decorations, monetary donations) for Potlucks, teacher treats/supplies, other such events**

Number of Students Participating: **PreK-5 (Whole school)**

Expected Beginning Date: **Aug. 13, 2026**      (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: **May 28, 2027**

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$4000.00	_____
2. Expenses/Cost of Goods Sold:	\$4000.00	_____
3. Total Profit:	\$0	_____
4. Please attach a copy of your organization's budget for this academic year.		
5. Please specify below how the funds raised by <u>this event</u> are to be spent.		

**ITEMS TO BE PURCHASED FROM PROFIT**      PROJECTED      ACTUAL

All items and donations will be used for teacher appreciation potlucks (in-kind) or treats.

6. Sponsor's Signature: Amy Nickerson      Date: 4/30/26

7. As Principal, I  recommend  do not recommend this project.

Form is typed       Budget report is attached

Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: Jou Jones      Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

<b>Southside Elementary PTO</b>		
<b>2026-2027 Budget</b>		
	Fall Fundraising Drive	\$ 20,000.00
	Spirit Wear Fundraiser	\$ 2,000.00
	Other	\$ 4,500.00
	<b>Total Receipts</b>	<b>\$ 26,500.00</b>
	School Orientation	\$ 1,500.00
	5K Color Run	\$ 500.00
	Rodeo Roundup Event	\$ 2,500.00
	Career Day	\$ 1,000.00
	Arts Day	\$ 1,000.00
	State Testing Event	\$ 500.00
	Field Day	\$ 1,000.00
	End of School Activities	\$ 1,500.00
	Project Based Learning Support	\$ 2,000.00
	Academic Enrichment	\$ 6,000.00
	Other School Support	\$ 6,000.00
	Teacher Support	\$ 2,000.00
	Fundraising Expenses	\$ 500.00
	Insurance / Other Operating Expenses	\$ 500.00
	<b>Total Expenses</b>	<b>\$ 26,500.00</b>
	<b>Net</b>	<b>\$ -</b>

Categories may change at any time to better support our school, staff, and students.

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: **Southside Elementary**

Date: 4/30/26

Person/Club/Organization: **PTO**

Fund-Raiser Requested: **Round-Up Rodeo**

Is this a Service Project per Board Policy 09.33?       Yes       No

Product to be Sold: **Pledges**

Number of Students Participating: **Approximately 600 (Whole school)**

Expected Beginning Date: **Aug. 13, 2026**      (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: **Oct. 23, 2026**

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	<u>\$20,000.00</u>	_____
2. Expenses/Cost of Goods Sold:	<u>\$2,000.00</u>	_____
3. Total Profit:	<u>\$18,000.00</u>	_____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
Student incentives, career day, arts day, house rallies, academic enrichment, PBL support, playground accessories, teacher appreciation, Veterans Day Assembly	<u>\$18,000.00</u>	_____

6. Sponsor's Signature: Amy Nickerson      Date: 4/30/26

7. As Principal, I  recommend  do not recommend this project.

Form is typed       Budget report is attached

Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

\_\_\_\_\_  
Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

\_\_\_\_\_  
Superintendent's Signature: Jon Jones      Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

<b>Southside Elementary PTO</b>		
<b>2026-2027 Budget</b>		
	Fall Fundraising Drive	\$ 20,000.00
	Spirit Wear Fundraiser	\$ 2,000.00
	Other	\$ 4,500.00
	<b>Total Receipts</b>	<b>\$ 26,500.00</b>
	School Orientation	\$ 1,500.00
	5K Color Run	\$ 500.00
	Rodeo Roundup Event	\$ 2,500.00
	Career Day	\$ 1,000.00
	Arts Day	\$ 1,000.00
	State Testing Event	\$ 500.00
	Field Day	\$ 1,000.00
	End of School Activities	\$ 1,500.00
	Project Based Learning Support	\$ 2,000.00
	Academic Enrichment	\$ 6,000.00
	Other School Support	\$ 6,000.00
	Teacher Support	\$ 2,000.00
	Fundraising Expenses	\$ 500.00
	Insurance / Other Operating Expenses	\$ 500.00
	<b>Total Expenses</b>	<b>\$ 26,500.00</b>
	<b>Net</b>	<b>\$ -</b>

Categories may change at any time to better support our school, staff, and students.

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: **Southside Elementary**

Date: 4/30/26

Person/Club/Organization: **PTO**

Fund-Raiser Requested: **Southside Spirit Wear**

Is this a Service Project per Board Policy 09.33?       Yes       No

Product to be Sold: **Shirts and spirit wear**

Number of Students Participating: **Approximately 600 (Whole school)**

Expected Beginning Date: **Aug. 13, 2026**      (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: **May 28, 2027**

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	_____ \$2500.00	_____
2. Expenses/Cost of Goods Sold:	_____ \$2000.00	_____
3. Total Profit:	_____ \$500.00	_____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
Student incentives, teacher appreciation, school enhancements	_____ \$500.00	_____

6. Sponsor's Signature: Amy Nickerson      Date: 4/30/26

7. As Principal, I  recommend  do not recommend this project.

Form is typed       Budget report is attached

Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: Joni Jones      Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

<b>Southside Elementary PTO</b>		
<b>2026-2027 Budget</b>		
	Fall Fundraising Drive	\$ 20,000.00
	Spirit Wear Fundraiser	\$ 2,000.00
	Other	\$ 4,500.00
	<b>Total Receipts</b>	<b>\$ 26,500.00</b>
	School Orientation	\$ 1,500.00
	5K Color Run	\$ 500.00
	Rodeo Roundup Event	\$ 2,500.00
	Career Day	\$ 1,000.00
	Arts Day	\$ 1,000.00
	State Testing Event	\$ 500.00
	Field Day	\$ 1,000.00
	End of School Activities	\$ 1,500.00
	Project Based Learning Support	\$ 2,000.00
	Academic Enrichment	\$ 6,000.00
	Other School Support	\$ 6,000.00
	Teacher Support	\$ 2,000.00
	Fundraising Expenses	\$ 500.00
	Insurance / Other Operating Expenses	\$ 500.00
	<b>Total Expenses</b>	<b>\$ 26,500.00</b>
	<b>Net</b>	<b>\$ -</b>

Categories may change at any time to better support our school, staff, and students.

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: **Woodford County Public School Central Office**

Date: 9/12/25

Person/Club/Organization: **Erica Snow/WCMS TSA**

Fund-Raiser Requested: **T-shirt Sponsorships**

Is this a Service Project per Board Policy 09.33?     Yes             No

Product to be Sold: **No**

Number of Students Participating: **10**

Expected Beginning Date: **5/20/26**            (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: **6/15/26**

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ <u>1500</u>	\$ _____
2. Expenses/Cost of Goods Sold:	\$ <u>0</u>	\$ _____
3. Total Profit:	\$ <u>1500</u>	\$ _____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

This funding is meant to support the Middle School and High School TSA Nationals Trip. In order to minimize cost, the groups are traveling together and the HS TSA is managing the funding so funds raised will go into the HS TSA Account.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
<u>All items will be donated.</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

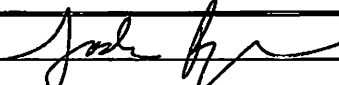
6. Sponsor's Signature: \_\_\_\_\_  \_\_\_\_\_ Date: 5/4/26

7. As Principal, I  recommend  do not recommend this project.

Form is typed             Budget report is attached

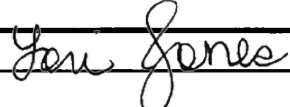
Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: \_\_\_\_\_  \_\_\_\_\_ Date 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

Review/Revised:6/27/2016

# WOODFORD COUNTY PUBLIC SCHOOLS



## WCMS TSA

PROJECT NUMBER: 72825		TSA-SAF THROUGH MAR 2026					
STATE CODE:		THROUGH MAR 2026					
CFDA NUMBER:		THROUGH MAR 2026					
GRANT AMOUNT:		THROUGH MAR 2026					
DESCRIPTION	ENCUMBRANCE	REVISED BUDGET	QUARTER TO DATE	EXPENDITURES YEAR TO DATE	EXPENDITURES PROJECT TO DATE	AVAILABLE BUDGET	
<b>72825</b>	<b>TSA-SAF</b>						
0616	FOOD NON INSTR NON FOOD SVC	.00	100.00	.00	.00	.00	100.00
0671	ITEMS FOR RESALE	.00	200.00	.00	.00	.00	200.00
0673	STUDENT REGISTRATIONS	.00	140.00	.00	.00	.00	140.00
0675	ORGANIZTN SUPPLIES (ACTIVITY)	.00	200.00	.00	.00	.00	200.00
0999	BEG BALANCE CARRY FORWARD	.00	-140.00	.00	-140.00	-140.00	.00
1790	OTHER STUDENT ACTIVITY INCOME	.00	-500.00	.00	.00	.00	-500.00
5210	FUND TRANSFER	.00	.00	.00	140.00	140.00	-140.00
<b>TOTAL TSA-SAF</b>		<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
<b>TOTAL REVENUES</b>		<b>.00</b>	<b>-640.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-640.00</b>
<b>TOTAL EXPENSES</b>		<b>.00</b>	<b>640.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>640.00</b>
<b>GRAND TOTALS</b>		<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



WCMS TSA

REPORT OPTIONS

Sequence	Field #	Total	Page Break
Sequence 1	12	Y	N
Sequence 2	11	Y	N
Sequence 3	00	N	N
Sequence 4	00	N	N

Report title:  
WCMS TSA

Print totals only: Y  
Include Encumbrances: Y  
Multiyear view: Life-to-date  
Suppress zero balance accts: Y

File output: N  
Year/Period: 2026/09  
Print revenue as credit: Y  
(F)ull or (S)hort desc: F  
Print full GL account: N  
Double space: N  
Summ objs to position: 4  
Roll to major project? N  
Print amounts on separate line: N  
Print journal detail: N  
Year/period: 2026/07  
to  
Year/period: 2026/09  
Sort by JE # or PO #: P  
Detail format option: 1

\*\* END OF REPORT - Generated by Anita Mize \*\*

**Request Form for School Fund-Raisers**

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: Sponsorship from Local Businesses Date: 4/27/26  
Person/Club/Organization: Josh Rayburn, Erica Snow on behalf of Elementary Schools  
Fund-Raiser Requested: Improving Central Office

Is this a Service Project per Board Policy 09.33?  Yes  No

Product to be Sold: No

Number of Students Participating: 0

Expected Beginning Date: 6/1/2026 (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: ongoing

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ _____	\$ _____
2. Expenses/Cost of Goods Sold:	\$ _____	\$ _____
3. Total Profit:	\$ <u>3000</u>	\$ _____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
Filament and Consumables for 3D printing Carts at Elementary Schools	\$3000	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

6. Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. As Principal, I  recommend  do not recommend this project.

Form is typed  Budget report is attached

Dates are not prior to the Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: [Signature] Date: \_\_\_\_\_

8. As Superintendent, I  recommend  do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: [Signature] Date: 5/13/26

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_

# WOODFORD COUNTY PUBLIC SCHOOLS



## MTD

PROJECT NUMBER: 9170		DISTRICT TECHNOLOGY					
STATE CODE:		THROUGH MAR 2026					
CFDA NUMBER:		DIRECTOR OF TECHNOLOGY					
GRANT AMOUNT:		THROUGH MAR 2026					
DESCRIPTION	ENCUMBRANCE	REVISED BUDGET	QUARTER TO DATE	YEAR TO DATE	PROJECT TO DATE	AVAILABLE BUDGET	
<b>9170 DISTRICT TECHNOLOGY</b>							
0131	CLASSIFIED ADDITIONAL COMPENST	.00	3,313.49	.00	.00	.00	3,313.49
0150	CLASSIFIED SUBSTITUTE SALARY	.00	1,000.00	.00	.00	.00	1,000.00
0221	EMPLOYER FICA CONTRIBUTION	.00	428.55	.00	.00	.00	428.55
0222	EMPLOYER MEDICARE CONTRIBUTION	.00	111.55	.00	.00	.00	111.55
0253	KSBA UNEMPLOYMENT INSURANCE	.00	33.14	.00	.00	.00	33.14
0260	WORKMENS COMPENSATION	.00	16.56	.00	.00	.00	16.56
0338	REGISTRATION FEES	.00	17,500.00	470.00	1,466.00	1,466.00	16,034.00
0352	OTHER TECHNICAL SERVICES	.00	5,000.00	.00	.00	.00	5,000.00
0432	TECH-RELATED REPS & MAINT	3,075.00	5,000.00	-2,055.05	780.00	780.00	1,145.00
0433	EQUIPMENT REPAIR & MAINT	.00	1,000.00	.00	75.00	75.00	925.00
0434	BUILDING REPAIRS & MAINT	500.00	2,000.00	.00	.00	.00	1,500.00
0444	COPIER RENTAL	1,574.00	1,500.00	468.02	1,421.50	1,421.50	-1,495.50
0532	TELEPHONE	.00	1,000.00	.00	.00	.00	1,000.00
0533	ON-LINE NETWORK SERVICES	12,851.20	25,610.80	2,973.36	5,487.56	5,487.56	7,272.04
0534	CELL PHONE SERVICES	1,153.74	1,000.00	320.53	1,009.44	1,009.44	-1,163.18
0580	TRAVEL	9,725.79	13,100.00	1,709.59	6,269.58	6,269.58	-2,895.37
0610	GENERAL SUPPLIES	.00	6,000.00	.00	1,610.74	1,610.74	4,389.26
0616	FOOD NON INSTR NON FOOD SVC	4,478.20	1,500.00	.00	419.18	419.18	-3,397.38
0643	SUPPLEMENTARY BKS/STUDY GUIDES	.00	.00	.00	4,178.12	4,178.12	-4,178.12
0650	SUPPLIES-TECHNOLOGY RELATED	1,002.48	88,621.18	344.18	43,233.61	43,233.61	44,385.09
0651	SUPPLIES-TECH DEVICES	.00	52,000.00	89.44	4,319.41	4,319.41	47,680.59
0653	SOFTWARE-TECHNOLOGY RELATED	34,106.14	99,000.00	-3,265.44	207,902.46	207,902.46	-143,008.60
0673	STUDENT REGISTRATIONS	.00	.00	420.00	420.00	420.00	-420.00
0697	OTHER SUPPLIES & MATERIALS	1,768.43	26,000.00	152.00	2,151.52	2,151.52	22,080.05
0734	TECH-RELATED HARDWARE	.00	10,000.00	.00	.00	.00	10,000.00
0810	DUES & FEES	.00	1,000.00	300.00	300.00	300.00	700.00
0894	INSTRUCTIONAL FIELD TRIPS	252.30	.00	.00	20.00	20.00	-272.30
<b>TOTAL DISTRICT TECHNOLOGY</b>		<b>70,487.28</b>	<b>361,735.27</b>	<b>1,926.63</b>	<b>281,064.12</b>	<b>281,064.12</b>	<b>10,183.87</b>
<b>TOTAL EXPENSES</b>		<b>70,487.28</b>	<b>361,735.27</b>	<b>1,926.63</b>	<b>281,064.12</b>	<b>281,064.12</b>	<b>10,183.87</b>
<b>GRAND TOTALS</b>		<b>70,487.28</b>	<b>361,735.27</b>	<b>1,926.63</b>	<b>281,064.12</b>	<b>281,064.12</b>	<b>10,183.87</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MTD

REPORT OPTIONS

Sequence	Field #	Total	Page Break
Sequence 1	12	Y	N
Sequence 2	11	Y	N
Sequence 3	00	N	N
Sequence 4	00	N	N

Report title:  
MTD

Print totals only: Y  
Include Encumbrances: Y  
Multiyear view: Life-to-date  
Suppress zero balance accts: Y

File output: N  
Year/period: 2026/09  
Print revenue as credit: Y  
(F)ull or (S)hort desc: F  
Print full GL account: N  
Double space: N  
Summ objs to position: 4  
Roll to major project? N  
Print amounts on separate line: N  
Print journal detail: N  
Year/period: 2026/07  
to  
Year/period: 2026/09  
Sort by JE # or PO #: P  
Detail format option: 1

\*\* END OF REPORT - Generated by Anita Mize \*\*