

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Julie Thibodeau

Name of Activity Fund: Special Services Account No: 828

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	

**This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

RECEIVED APR 30 2026

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/30/2026

SITE: Admin Building

ACCOUNT NAME: Special Services

PURPOSE

To provide instructional materials and supplies, therapy equipment, services for students, technology apps, Special Olympics Registration, transportation and events supplies and other materials so support Special Education Staff and Students.

SOURCE(S) OF INCOME

Donations, MVP Fundraiser provided by SPEF, Grants

PLANNED EXPENSES

Testing materials for Staff, supplies for SPED Staff for students, EC snacks, extra activites, ESY supplies, Special Olympics, staff stipends, AAC apps,

SPONSOR NAME

Julie Thibodeau

SIGNATURE

Julie Thibodeau

PRINCIPAL/DIRECTOR

Austin Hula

SIGNATURE

Austin Hula

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Karul Beyma

DATE: 5/5/26

ACCOUNT NUMBER: 828

BOARD OF EDUCATION APPROVAL DATE:

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2026-2027 Sponsor Name: Julie Thibodeau

Name of Activity Fund: Special Services Account No: 828

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>5871.24</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>MVP from SPEF</u>	\$ <u>20,000.00</u>	
<u>Donations</u>	\$ <u>5000.00</u>	
<u>Grants</u>	\$ <u>5000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>35,871.24</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Testing materials, AAC apps, iPads</u>	\$ <u>10,000.00</u>	
<u>Food for PD Days, ESY supplies</u>	\$ <u>5000.00</u>	
<u>Special Olympics registration, transportation</u>	\$ <u>900.00</u>	
<u>Special Olympics other needs</u>	\$ <u>250.00</u>	
<u>Turning Point</u>	\$ <u>8000.00</u>	
<u>Supplies, Materials for Sped students</u>	\$ <u>10000.00</u>	
Total Expenditures:	\$ <u>34150.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>1,721.24</u>	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: 2026-2027 Sponsor Name: Julie Thibodeau

Name of Activity Fund: Special Services Account No: 828

DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

SPONSOR SIGNATURE

ATHLETIC DIRECTOR AUTHORIZATION
(applicable only if athletic fundraiser)

PRINCIPAL AUTHORIZATION

BOARD OF EDUCATION APPROVAL DATE

FUNDRAISER CLOSEOUT

START DATE: _____ END DATE: _____

FUNDRAISER PROFIT

ACT. INC. _____ - ACT. EXP. _____ = ACT. PROFIT _____
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: _____ TO _____

SPONSOR SIGNATURE

FINANCIAL SECRETARY SIGNATURE

STILLWATER BOARD OF EDUCATION

CFB-E1

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendent / BOE Account No: 838

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

Supplies and food for school board meetings and district administrative meetings, recognition awards, plaques and gifts, furniture fixtures for administration building, registration for community and professional events, meal expense for employees or board members at out-of-district meetings or events, and other events and expenses directed by the superintendent.

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	TH
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	TH
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	n/a
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	TH

**This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2026-2027 SITE: ADM

ACCOUNT NAME: 838 Superintendent / BOE

PURPOSE

Supplies and food for school board meetings and district administrative meetings, recognition awards, plaques and gifts, furniture fixtures for administration building, registration for community and professional events, meal expense for employees or board members at out-of-district meetings or events, and other events and expenses directed by the superintendent.

SOURCE(S) OF INCOME

All listed BOE approved revenue sources for the ~~2025-2026~~ school year.

PLANNED EXPENSES

All listed BOE approved expenditures for the ~~2025-2026~~ school year.

SPONSOR NAME

Janni Hooker

SIGNATURE

Janni Hooker

PRINCIPAL/DIRECTOR

[Signature]

SIGNATURE

[Signature]

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Kalul Boyer* DATE: *5/5/20*

ACCOUNT NUMBER: *838*

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2026-2027 Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendent / BOE Account No: 838

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ 8,000.00	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Bank card program (Arvest)	\$ 4,000.00	
Beverage contract (Coca-Cola)	\$ 3,500.00	
Donations	\$ 12,000.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ 19,500.00	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ 27,500.00	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Supplies, meals, recognitions, fixtures	\$ -19,500.00	
gifts, plaques, and registrations, and other	\$ 0.00	
expenses designated by the superintendent	\$ 0.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ -19,500.00	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ 8,000.00	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30 and November 30)

Reporting School Year: 2026-2027 Sponsor Name: Tawni Hooten

Name of Activity Fund: Superintendent / BOE Account No: 838

DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):

n/a

PURPOSE OF RAISING FUNDS:

n/a

FUNDRAISER DATES: START _____ END _____

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT \$ 0.00

SPONSOR SIGNATURE

ATHLETIC DIRECTOR AUTHORIZATION
(applicable only if athletic fundraiser)

PRINCIPAL AUTHORIZATION

BOARD OF EDUCATION APPROVAL DATE

FUNDRAISER CLOSEOUT

START DATE: _____ END DATE: _____

FUNDRAISER PROFIT

ACT. INC. _____ - ACT. EXP. _____ = ACT. PROFIT _____
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: _____ TO _____

SPONSOR SIGNATURE

FINANCIAL SECRETARY SIGNATURE

TRANSPORTATION

STILLWATER BOARD OF EDUCATION

CFB-E1

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Vicki Jameson

Name of Activity Fund: Special Events - 0001 Account No: 807

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	vf
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	vf
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	vf
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	vf

**This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/30/2026 SITE: Transportation

ACCOUNT NAME: 807 Special Events

PURPOSE

~~To purchase uniforms for Bus Drivers, Food and Drinks~~
For in service and monthly safety meetings

SOURCE(S) OF INCOME

NONE

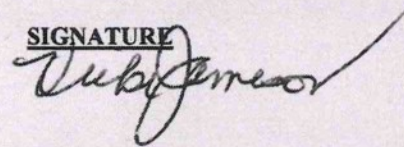
PLANNED EXPENSES

All listed BOE approved expenditures for the 2026-2027
School year

SPONSOR NAME

Vicki Jameson

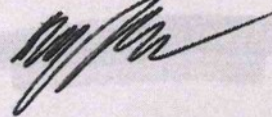
SIGNATURE



PRINCIPAL/DIRECTOR

Matthew Parsek

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY:  DATE: 5/6/26

ACCOUNT NUMBER: 807

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2026-2027 Sponsor Name: Vicki Jameson

Name of Activity Fund: Special Events - 0001 Account No: 807

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>11,827.85</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>None</u>	\$ <u>00.</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>00.</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>11,827.85</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Food & Drinks for meetings</u>	\$ <u>3,000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>3,000.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>8,827.85</u>	\$ _____

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Emily Harris

Name of Activity Fund: Technology Activity Fund Account No: 829

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	GAA
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	GAA
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	N/A

*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 5/20/2026 SITE: Technology

ACCOUNT NAME: Technology Activity Fund

PURPOSE

Small activity fund generally used for PD or team building activities.

SOURCE(S) OF INCOME

May potentially generate income from waste/surplus equipment auction.

PLANNED EXPENSES

Professional development activities, team building, food for PD.

SPONSOR NAME

Emily Harris

SIGNATURE

Emily Harris

PRINCIPAL/DIRECTOR

Emily Harris

SIGNATURE

Emily Harris

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Leahul Berra* DATE: 5/21/26

ACCOUNT NUMBER: 829

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 20-21 Sponsor Name: Emily Harris

Name of Activity Fund: Technology Activity Fund Account No: 829

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ 200.00	\$ <u>1</u>
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:	<u>150.18</u>	
<u>E-waste / end of life sales</u>	\$ <u>1,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>0</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>0</u>	\$ <u>1,150.18</u>
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>PD meals</u>	\$ <u>500.00</u>	
<u>Conference & PD</u>	\$ <u>500.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>0</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>0</u>	\$ <u>150.18</u>

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: 26-27 Sponsor Name: Emily Harris

Name of Activity Fund: Technology Activity Fund Account No: 829

DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START 7/2/26 N/A END

ACCOUNT OF MONEY TO BE RAISED:

EST. INC. 1000 - EST. EXP. 0 = EST. PROFIT 1000

SPONSOR SIGNATURE

ATHLETIC DIRECTOR AUTHORIZATION (applicable only if athletic fundraiser)

PRINCIPAL AUTHORIZATION

BOARD OF EDUCATION APPROVAL DATE

We will not be fund raising. Cost

FUNDRAISER CLOSEOUT

START DATE: END DATE:

FUNDRAISER PROFIT

ACT. INC. - ACT. EXP. = ACT. PROFIT (Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser).

RECEIPT BOOK #: TO

SPONSOR SIGNATURE

FINANCIAL SECRETARY SIGNATURE

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Emily Lewis

Name of Activity Fund: SPEF Account No: 839

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

SPEF funds have been use annually for over 42 years to support Teacher Grant requests and special projects. Most funds are used by year end. Some funds remain this year because items that were awarded could not be purchased before the early deadline. We've granted an exception to have the funds remain because of our desire to have all approved grants fully
PACKET CONTENTS: *funded.*

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	<i>Eg</i>
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	<i>Eg</i>
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	<i>n/a</i>
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	<i>Eg</i>

**This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

RECEIVED MAY 06 2026

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: May 6, 2026 SITE: All

ACCOUNT NAME: 839 - SPEF Grant Funding Acct

PURPOSE

Provides a landing place for awarded grant funds from SPEF to be allocated before site personnels orders items as outlined in grant agreements

SPEF's sole beneficiary is SPS. While we operate within the district, SPEF is a private 501(c)3, IRS Tax ID # 73-1267401

SOURCE(S) OF INCOME

SPEF donors, distributed by SPEF's Board of Trustees

PLANNED EXPENSES

Cycle 1 & 2 Teacher Grants, Special Projects, Special Services funding, and other external grants that are awarded through SPEF.

SPONSOR NAME

Emily Lewis

SIGNATURE

Emily Lewis

PRINCIPAL/DIRECTOR

SIGNATURE

Emily Lewis

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Kadul K...* DATE: *5/6/26*

ACCOUNT NUMBER: *839*

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2026-2027 Sponsor Name: Emily Lewis

Name of Activity Fund: SPEF Account No: 839

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>1200</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>SPEF Grants</u>	\$ <u>80,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>80</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>1280</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Purchases as outlined in grant</u>	\$ <u>80,000</u>	
<u>agreements and approved by SPEF's</u>	\$ _____	
<u>Allocation Committee</u>	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>80</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>1200</u>	\$ _____

Stillwater Public Education Foundation
P.O. Box 286 | Stillwater, OK 74076

DATE: February 5, 2026
TO: SPEF GRANT RECIPIENT
RE: GRANT AGREEMENT

By signing this agreement, you will have accepted the following conditions in order to receive the funds requested in your grant application.

1. Project must be completed within six months from the date shown above or funds will revert back to SPEF.
2. Recipient must furnish the Grant Final Report & Evaluation at the conclusion of the project, due within one year of date shown above.
3. Recipient must follow established SPEF policies and procedures when ordering materials for their grant (see attached). Purchased must be submitted within the six-month grant period. If not all funds are used, the remaining monies will be returned to SPEF to help fund other grants. Recipient is responsible for payment of any amounts incurred in excess of the amount approved. If recipient receives additional funding from other groups, recipient, not SPEF, is responsible for obtaining the funds from these additional sources.
4. A SPEF representative will make a visit to your project during the year. A mutually convenient time will be arranged prior to the visit.
5. Grant recipients are required to make themselves and their grant materials available for filming & photographing or to submit, via email, their own digital photos/video of their grant projects "in action," so they may be used in the SPEF Grant Highlight video. Photos may be emailed to spenf@stillwaterschools.com. In addition to creating a means for SPEF to follow-up on grants, be advised that these photos may be used for promotional purposes or news stories, so appropriate consent and release forms must be obtained by grant recipients from students' parents/guardians prior to receipt of those photos by SPEF.
7. As your project allows, grant recipients are required to assist with and provide a grant materials display at the SPEF fall fundraiser following their award year. Attendance at the SPEF fall fundraiser is strongly encouraged, but not required.
6. Any grant equipment and/or materials purchased by SPEF are the property of Stillwater Public Schools District and remain with SPS should the grant recipient leave the district. If a recipient moves positions within the district to a similar role/grade level, he/she may take the materials with them. If the new role is outside of the scope of the grant materials, the resources are to be returned to SPEF for redistribution.

Please sign two copies of this agreement. If this is a collaborative effort, please have all grant writers sign the copy to be returned to SPEF. Keep one copy for your records and send the other copy via school mail to the SPEF office at the SPS Administration Bldg (314 S. Lewis)

For questions - contact Executive Director, Emily Lewis at x5006 or spenf@stillwaterschools.com

Signed: _____ Date: _____

Print Name: _____ Site: _____

Title of Project: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Stillwater Public Education Foundation</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation ^{501(c)3} <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ ^{Non-profit} Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right; font-size: small;">(Applies to accounts maintained outside the United States.)</p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>PO Box 286</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>Stillwater, OK 74076</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
7	3	-	1	2	6	7	4	0	1

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Emily Lewis</i>	Date <i>10/1/2024</i>
------------------	---	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Rebekah Reece

Name of Activity Fund: Indigenous Peoples Account No: _____

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

New account

Number TBD After board meeting

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	<i>Jg</i>
ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	<i>Jg</i>
ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	<i>NA</i>
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	

**This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4.23.2026 SITE: District Wide

ACCOUNT NAME: Indigenous Peoples

PURPOSE

To provide support to American Indian and Alaska Native students to access higher education

SOURCE(S) OF INCOME

American Indian College Grant

PLANNED EXPENSES

Food, College Planning Trips & Meetings

SPONSOR NAME

Rebekah Reece

SIGNATURE

Rebekah Reece

PRINCIPAL/DIRECTOR

Beth McBee

SIGNATURE

Beth McBee

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Laurel Pappas* DATE: *5/14/26*

ACCOUNT NUMBER: *TBD*

BOARD OF EDUCATION APPROVAL DATE: _____

ACTIVITY FUND SUBACCOUNT BUDGET

Reporting School Year: 2026-2027 Sponsor Name: Rebekah Reece

Name of Activity Fund: Indigenous Peoples Account No: _____

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>American Indian College Grant</u>	<u>\$ 5000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	<u>\$ 5000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	<u>\$ 5000</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Food</u>	<u>\$ 1000</u>	
<u>Registration</u>	<u>\$ 1500</u>	
<u>Lodging</u>	<u>\$ 1500</u>	
<u>Travel Expenses</u>	<u>\$ 1000</u>	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	<u>\$ 5000</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	<u>\$ 0</u>	\$ _____

FUNDRAISER REQUEST

Submit one copy per fundraiser (Due April 30)

Reporting School Year: _____ Sponsor Name: _____

Name of Activity Fund: _____ Account No: _____

DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):

PURPOSE OF RAISING FUNDS:

FUNDRAISER DATES: START _____ END _____

ACOUNT OF MONEY TO BE RAISED:

EST. INC. _____ - EST. EXP. _____ = EST. PROFIT _____

SPONSOR SIGNATURE

ATHLETIC DIRECTOR AUTHORIZATION
(applicable only if athletic fundraiser)

PRINCIPAL AUTHORIZATION

BOARD OF EDUCATION APPROVAL DATE

FUNDRAISER CLOSEOUT

START DATE: _____ END DATE: _____

FUNDRAISER PROFIT

ACT. INC. _____ - ACT. EXP. _____ = ACT. PROFIT _____
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: _____ TO _____

SPONSOR SIGNATURE

FINANCIAL SECRETARY SIGNATURE