**Appendix B-1**

**College Station ISD**

**Authorization to Conduct a Fundraiser**

Date: Contact Name: Contact Phone Number:

Organization/Club/Campus/Department:

|  |  |  |  |
| --- | --- | --- | --- |
| List all anticipated fundraising activities, proposed event dates, and anticipated earnings for the 2017-2018 School Year. Fundraisers **cannot** be ongoing all year long.  Dates Expected  Type of Fundraiser Vendor Used of event Earnings | | | |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| If your fundraiser is a taxable event, please indicate which two (2) calendar days will be your club's tax free days. (These must be voted on and approved by a majority of the club members.) | | Tax Free Day #1 | Tax Free Day #2 |

Have CSISD Board Policies and the CSISD fundraiser Frameworks and Guidelines been reviewed by the organization /club/campus/department: YES NO

|  |
| --- |
| For the 2017-2018 school year, money raised via fundraisers will be spent on the following: |
|  |
|  |
|  |

|  |
| --- |
| Are you seeking sponsorships of more than $1,000 from any local business? YES NO  Please be as specific as possible: |
|  |
|  |

Sponsor Certification:

I hereby certify that a profit/loss statement will be completed and submitted to the campus principal within 30 days after the termination of the fundraising activity. Additionally, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district’s cash handling procedures.

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Sponsor’s Signature Date

Submittal Reviewed By:

(*Principal in charge of fundraising)* *(Financial Secretary for high school)*

*(Principal Secretary for all other campuses)*

*\*only needed for high school organization/club/campus/departments \*\*all needed forms have been verified and event put on calendar*

*All fundraisers must be approved at least three (3) weeks prior to event, if your organization wants to add additional fundraiser, please submit an additional form with the new fundraiser information.*

**For Principal’s Office Use Only**

**Authorization:**

**( ) Approved ( ) Denied**

Reviewed By:

Date: