



# Point Isabel ISD

## FUND-RAISING APPLICATION FOR ACTIVITY FUNDS

**This application must be properly approved 2 weeks prior to commencing fund-raiser**

Campus: \_\_\_\_\_ Club Acct.: \_\_\_\_\_ Please select one: Student Act. Campus Act.

Sponsor: \_\_\_\_\_ Vendor: \_\_\_\_\_

(Include Co-op, District bid number or attach quotes)

Type of sale: \_\_\_\_\_

(If food sales will occur during school day use the [Smart Snack Calculator](#) and attach the results for each individual items sold to this form.)

Beginning date: \_\_\_\_\_ End date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

(Fundraiser not to exceed 30 days)

Location of fund-raiser: \_\_\_\_\_

Benefit and Purpose of fund-raiser (be very specific): \_\_\_\_\_

Product cost per unit: \_\_\_\_\_

Sales Price : \_\_\_\_\_

Estimate Anticipated Revenue: \_\_\_\_\_

Less (-) Cost of Fund-raiser: \_\_\_\_\_

Anticipated Profit: \_\_\_\_\_

For sales tax purpose: One day sale (please select one) Yes No

I am familiar with the school and district policies and procedures regarding the sale of merchandise at school and in the community. By signing below, I agree to abide by the District's requirements and be accountable for the above named fund-raiser. I agree to submit all cash/checks to the student activity clerk on the next school day after completion of the fund-raiser. See Policy [FJ \(Local\)](#) and [\(Legal\)](#).

Club Sponsor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Campus Level Principal \_\_\_\_\_  
(Verify fundraiser is appropriate and safe for the students)

Date \_\_\_\_\_

### Approval

**Bookkeeper/Secretary:** \_\_\_\_\_ Date: \_\_\_\_\_

Yes No (Verify form is filled out completely and club sponsor is aware of all procedures)

**Food Service Director:** \_\_\_\_\_ Date: \_\_\_\_\_

Yes No (If selling food items on campus at anytime of the day) See Policy [FFA \(Local\)](#)

**Athletic Director:** \_\_\_\_\_ Date: \_\_\_\_\_

Yes No (If fundraiser is at a sporting event)

**Purchasing:** \_\_\_\_\_ Date: \_\_\_\_\_

Yes No (Verify if vendor is an approved vendor or quotes are attached)

**Business Manager:** \_\_\_\_\_ Date: \_\_\_\_\_

Yes No (Verify if fundraiser has been approved by proper personnel and follows procedures)

**Superintendent of Schools:** \_\_\_\_\_ Date: \_\_\_\_\_

(Final approval before fundraiser can begin)