

See the following pages for exhibits relating to the procedures for related to parent organizations:

- Exhibit A: Request for Approval of Fundraising Activity – 1 page
- Exhibit B: Request for Approval of Equipment Purchase or Facility Modification/
Enhancement/Addition – 2 pages

Northwest Independent School District
Request for Approval of Fundraising Activity
(Submit to the campus principal or designee each school year for approval.)

Name of Organization/Support Group		Campus
Fundraising Activity/Project/Description of Products		
Purpose		
Activity Account Fund(s) receiving Net Proceeds		
Scope of Solicitations		
Date(s) of Activity/Project	Length of Activity/Project	
Estimated Profit		
Project Chairperson	Daytime Phone	
Project Financial Person	Daytime Phone	
Vendor		
Vendor's Address	Vendor Representative	
	Phone Number	
I am requesting permission to conduct a money raising activity, and I will be responsible for preparing the OPERATING REPORT shown below. I will be responsible for the accountability of all monies collected at the conclusion of the money raising activity, and I will turn in all records to the principal or finance clerk.		
Check One: () Commission () Pay Tax () Tax-Free Day () Not Taxable R5755 R5757 R5758 R5759		
FINANCIAL RECAP		
A. Total Collections/Cash Receipts	\$	_____
B. Total Expensed	\$	_____
C. Net Income (A minus B)	\$	_____
Status of any remaining inventory _____		
Organization Chairperson's Signature	Date	
Sponsor's Signature, if applicable	Date	
Campus Principal/Designee's Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Required Contractual Agreement letter is attached stating vendor will be responsible for sales tax.

Note: The Financial Recap portion must be completed within 10 days of the last day of the fund-raiser. The Financial Recap does not apply to commission fund-raisers.

Northwest Independent School District

Request for Approval of Equipment Purchase or Facility Modification/Enhancement/Addition

This form must be completed prior to purchasing equipment or initiating a facility modification/enhancement/addition that are not being funded by the Northwest ISD budget. A complete budget plan and project description must be submitted along with this request.

Approval is requested for the following (check all that apply):		Date of Request
<input type="checkbox"/> Purchase of Equipment	<input type="checkbox"/> Enhancement of Facility/Grounds	
<input type="checkbox"/> Modification of Facility/Grounds	<input type="checkbox"/> Addition to Facility/Grounds	
Facility	Location at Facility	
Name of Organization/Support Group Proposing the Request		
Name of Organization's Contact Person		Phone Number
Description of equipment purchase or facility modification/enhancement/addition. [Attach detail plans including any sketches, architectural/engineering designs (include name and phone of architect), map of location, etc.]		
Who will install the equipment or implement the modification/enhancement/addition? (Check all that apply.)		
<input type="checkbox"/> Organization/Support Group volunteers	<input type="checkbox"/> NISD Maintenance Department (at cost to organization)	
<input type="checkbox"/> Vendor for product	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Another contracted service provider: _____		
Will the equipment or modification/enhancement/addition require coordination with NISD departments for approval and services at a cost to the organization/support group for any of the following? (Check all that apply)		
<input type="checkbox"/> Electrical wiring/outlet or additional circuit	<input type="checkbox"/> Technology/Phone line	
<input type="checkbox"/> Water source	<input type="checkbox"/> Location of existing electrical lines/pipe/cable/etc.	
<input type="checkbox"/> Mounting/Attachment to an existing structure	<input type="checkbox"/> Landscaping	
<input type="checkbox"/> Architect or engineer plans	<input type="checkbox"/> Other: _____	
Anticipated project start date	Anticipated project completion date	
Funding Source for this Project	Estimated total cost of project	
District Budget Code: _____-_____-_____-_____-_____-_____-_____-_____-_____-_____-	Estimated annual maintenance/ technology funds needed for upkeep	
Vendor's Address	Vendor Representative	
	Phone Number	
Name of Campus Principal Supporting Proposed Request	Phone Number	
Signature of Principal Submitting Request	Date	

This side for administrative use only!

Purchasing Department Recommendation

Recommendation:
 Approved as submitted
 Approved with the following stipulation(s)
 (see comments)
 Denied (see comments)
 Not Applicable

Comments:

Chief Financial Officer's Signature, if applicable	Date
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Maintenance Department Recommendation

Recommendation:
 Approved as submitted
 Approved with the following stipulation(s)
 (see comments)
 Denied (see comments)
 Not Applicable

Comments:

Director of Maintenance's Signature, if applicable	Date
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Facilities and Operations Department Recommendation

Recommendation:
 Approved as submitted
 Approved with the following stipulation(s)
 (see comments)
 Denied (see comments)
 Not Applicable

Comments:

Assistant Superintendent for Facilities, Planning and Construction's Signature, if applicable	Date
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Technology Department Recommendation

Recommendation:
 Approved as submitted
 Approved with the following stipulation(s)
 (see comments)
 Denied (see comments)
 Not Applicable

Comments:

Director of Technology's Signature, if applicable	Date
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Athletic Department Recommendation

Recommendation:
 Approved as submitted
 Approved with the following stipulation(s)
 (see comments)
 Denied (see comments)
 Not Applicable

Comments:

Athletic Director's Signature, if applicable	Date
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District's Overall Recommendation

Recommendation:
 Approved as submitted
 Approved with the following stipulation(s)
 (see comments)
 Denied (see comments)
 Not Applicable

Comments:

Assistant Superintendent for Curriculum and Instruction's Signature	Date
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