

**CARROLL ISD  
FUNDRAISING ACTIVITY APPROVAL FORM  
2021/2022 SCHOOL YEAR**

This form, along with necessary signatures is required BEFORE fundraiser commences.

Campus \_\_\_\_\_ Date \_\_\_\_\_

Club Name \_\_\_\_\_ Sponsor \_\_\_\_\_

Beginning date of sale \_\_\_\_\_ Ending date of sale \_\_\_\_\_

Describe the purpose of this sale, including what the proceeds will be spent for \_\_\_\_\_

Describe the product or activity \_\_\_\_\_

Is this sale taxable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If sale is taxable and if eligible, will this sale count as one of the two tax-free sale days within the CALENDAR year for your organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this your 1 <sup>st</sup> or 2 <sup>nd</sup> tax-free sale to date within the CALENDAR year?				<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>

Fundraising Company Name \_\_\_\_\_ Representative \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
 Street Address/P.O. Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have all outstanding debts from previous activities been collected?  Yes  No  
 If no, please provide AMOUNT OUTSTANDING from fundraising company. \$ \_\_\_\_\_

Please estimate the following:

\$ _____	\$ _____	% _____
Approximate cost per item	Estimated profit	Percentage profit **

\*\* If this IS NOT one of your organization's tax-exempt sales, please consider sales tax when estimating profit margin.

If purchasing items for resale, please provide the name of the vendor from which items will be purchased. **All purchased items must be made from CISD approved vendors.** Designation as a CISD approved fundraising company **DOES NOT** mean the vendor is a CISD approved vendor for purchases. Please check with the Assistant Director of Finance for approved vendor verification.

Proposed Vendor for Purchase of Items for Resale: \_\_\_\_\_

As sponsor, I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary for safe keeping. I further certify that I have read the CISD Fundraising Policies and Procedures. I will notify the Financial Services Office promptly of all outstanding debts so that appropriate action may be taken in a timely manner. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by \_\_\_\_\_  
 Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_  
 Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_  
 Athletic Director (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_  
 Accountant \_\_\_\_\_ Date \_\_\_\_\_