

**Bullard Independent School District
Authorization to Conduct a Fundraiser Form**

Campus: _____

Club: _____

Regulations:

Each campus will be permitted to hold 1 major fundraiser during the 2020/21 school year. All Secondary Programs (FFA, Band, Athletics, Booster Clubs, etc...) will be permitted 2 major fundraisers during the 2020/21 school year. A major fundraiser is defined as a fundraiser in which all (or a majority) of students are involved and are expected to sell/retrieve/earn money. For example: cookie sales, meat sales, coupon cards/books, fun runs, etc...

Taxable Fundraiser: () Yes () No

Fundraiser Title: _____

(Please attach a flyer, if applicable, of what the public will be seeing during fundraiser event)

A. What will funds generated be used for? _____

B. What type of merchandise or service will be sold or provided? _____

C. Fundraiser will be from _____ to _____

(Month/Year) (Month/Year)

D. How will merchandise or services be sold (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc...) _____

E. Will food be sold that will be consumed during school hours (**midnight to 30 minutes after the end of the school day**)? () Yes () No

IF SO, does the food item meet the USDA nutritional standards? () Yes () No

(Please attach a copy of the Smart Snacks Product Calculator Results and Nutrition Fact Label from the food item(s) for audit purposes)

F. Vendor: _____ Representative: _____

Address: _____ Phone #: _____

Projected Sales and Expenses:

Total Projected Sales \$ _____

Total Projected Expenses \$ _____

Projected Net Profit \$ _____

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. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Authorization: () Approved () Disapproved Flyer Attached (if applicable) () Yes () No