Community Independent School District
Authorization to Conduct a Fundraiser Form

Campus: _____ Club: _____

Taxable Fundraiser: ( ) Yes ( )No

Fundraiser Title: _____

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

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

(a) If so, does the food item(s) meet the USDA nutritional standards? **( )Yes ( )No**

(b) Met with Director of Child Nutrition for Smart Snacks Information. **( )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.

C. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)? _____

D. Vendor _____ Representative _____
Address _____ Phone _____

E. Fundraiser will be conducted from _____ to _____
(Month/Year) (Month/Year)

F. Funds generated will be used for _____

Projected Sales and Expenses:

Total Projected Sales	**$_____**
Total Projected Expenses	**$_____**
Projected Net Profit	**$_____**

Sponsor Certification:

(This section not applicable for outside organizations, PTO, Booster Club, etc.)

I hereby certify that a financial recap will be completed and submitted to the campus principal within 10 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 Manual.

Sponsor's Signature: _____ Date: _____

Principal: _____ Date: _____

Director of CN: _____ Date: _____
(if applicable)

Authorization: ( ) Approved ( ) Disapproved

_____ **Date: _____**
Assistant Superintendent of Finance and Operations