

LA GRANGE INDEPENDENT SCHOOL DISTRICT
Authorization to Conduct a Fundraiser Application

COMPLETE AND SUBMIT APPLICATION FOR APPROVAL AT LEAST 30 DAYS BEFORE SALES START

Campus/Athletic Activity: _____ **Campus Name** **OR** Class/Club Activity: _____ **Class/Club Name**
(Must be considered Bona Fide)

Sponsor Name: _____ **Description/Name of Fundraiser:** _____

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

- B. Will food be sold that may be consumed during the school day? ()YES ()NO
Note: A school day is defined as the period from the midnight before the beginning of the official instructional day to 30 minutes after the end of the instructional day.
If YES, does the food item(s) meet the USDA nutritional standards? ()YES ()NO
- C. How will the merchandise or service be sold or provided (Examples... catalog sales, individual sales to students on campus &/or the community, prepaid orders, etc.)? _____
- D. Vendor Name: _____ Vendor ID: _____
Representative/Contact: _____ Phone Number: (____)____-_____
Note: Vendor must be a LGISD approved Vendor, contract the Business Office if you are unsure of a Vendor's approval status.
- E. Fundraiser Date/Delivery Date of Items: ____/____/____
Sales Time Period: ____/____/____ to ____/____/____
- F. Funds generated will be used for: _____
- G. Projected Net Profit \$ _____
- H. This is a request for Tax-Free Sale/Fundraiser # _____ for this school year.
Note: Campuses and Bona Fide Organizations, as defined by the Texas State Comptroller's Office, are allowed two one-day (24 hour period) tax-free sales/fundraisers per year. Subsequent sales are subject to the collection of sales tax.
Note: Athletics, Band and Campus Organizations that are not considered Bona Fide fall under the Campuses.
Note: A Bona Fide Organization is defined as a group of students organized for an activity other than instruction that also elects officers, holds regular meetings and conducts business.

SPONSOR CERTIFICATION:

By signing this application form, I hereby acknowledge the following: (1) I am familiar with District policies regarding fundraisers, including the timely deposits of all monies collected to the campus financial secretary in accordance with the district's cash handling procedures. (2) I accept responsibility for the cash collections and if applicable, sales tax collections, and (3) I will complete the financial recap form within 10 days of the end of the fundraiser with all required receipts and documentation.

Sponsor's Signature: _____ **Date:** ____/____/____

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**CAMPUS APPROVAL AND AUTHORIZATION:** *(Note: If an Athletic Fundraiser, Athletic Director Signature also required.)*

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( ) Approved  
( ) Disapproved      Campus Principal Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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CENTRAL OFFICE APPROVAL AND AUTHORIZATION:

Dir. of Finance Signature: _____ Date: ____/____/____
Superintendent Signature: _____ Date: ____/____/____

TAXABLE FUNDRAISER: ()YES ()NO # 1 / #2 / Exempt # _____ **PLACED ON DISTRICT CALENDAR:** _____