

APPLICATION FOR SANCTIONING

This is a request for sanctioning by the Applicant to the Amber Board of Education, pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of Applicant: _____

Applicant's Address: _____

Applicant's Taxpayer I.D. Number: _____

Applicant's Representative from whom additional information may be obtained: _____

Applicant's Telephone Number: _____

Applicant's Purpose, Goals, and Organizational Structure: _____

Describe how the school district and its students will benefit if the Applicant is sanctioned: _____

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation, or organization on the basis of race, gender, age, religion, national origin, or disability.

Applicant acknowledges that the board of education has the discretion to sanction or decline the Applicant, and the decision of the board of education is final and nonappealable. Applicant further acknowledges that (a) the board of education may, at any time, request the records maintained by the Applicant, which the Applicant will promptly make available, and (b) the board of education may, at any time it believes it is in the best interests of the school district to do so, withdraw sanctioning, and the decision of the board of education is final and nonappealable.

APPLICATION FOR SANCTIONING (Cont.)

Applicant also acknowledges that, in order for the school district to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the board of education, upon request, on an annual basis, by July 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions for Completing Application:

1. Complete this application and the attached financial statement.
Please print or type. If necessary, use additional sheets of paper.
2. Sign and date this application.
3. Deliver the application to:

_____ (name)
Amber-Pocasset Public Schools
P.O. Box 38
Amber, OK 73004

Applicant

By: _____ Date: _____

APPLICATION FOR SANCTIONING (Cont.)

ORGANIZATION/ASSOCIATION FINANCIAL STATEMENT
UNAUDITED

Name of Organization/Association: _____

FINANCIAL ACTIVITY FOR SCHOOL YEAR _____

Beginning Cash Balance, July 1, _____ \$ _____

Collections:

Fund-raiser, Merchandise Sales, Etc.	\$ _____
Donations	\$ _____
Contributions	\$ _____
Other (list)	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total Collections \$ _____

Expenditures:

Fund Raising Expenses	\$ _____
Supplies/Materials	\$ _____
Advertising	\$ _____
Postage, Mailings, etc.	\$ _____
Equipment	\$ _____
Donations/Contributions	\$ _____
Other (list)	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total Expenditures \$ _____

Ending Cash Balance, June 30, _____ \$ _____

I, the undersigned officer of the above-named organization/association, do hereby certify that this is a true and complete representation of the organization's financial activity for the _____ school year, to the best of my knowledge and belief. I further certify that, in accordance with the policy of the Amber-Pocasset Board of Education, I/we may be required to submit further financial information on the organization/association at the request of the board of education, and the failure to do so may result in revocation of the board's sanctioning approval.

Officer/Director: _____ Date: _____

Title: _____

Received and reviewed by Amber-Pocasset Public Schools:

Name/Title: _____ Date: _____