



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
FUNDRAISING ACTIVITY (FRA) APPLICATION/RECAP**

MIS Form #176
Rev. 10/19

School _____ Date _____

1. Requested by (organization, class, or club) _____

2. Person Responsible for FRA _____

3. Use of Proceeds _____

4. Resale Product Vendor Name _____ Vendor # _____

Contact _____ Phone _____ Email _____

5. Description FRA _____

6. Type of sale: Resale Food Non Food Service or donated time Admissions Other

If this is a food sale, is this a food item that is consumed during the school day? Yes or No

If Yes - Is this a Smart Snack? Yes or No

If Yes - attach Smart Snack Calculator and Nutrition Label

If No - attach school calendar page that shows the approved Exemption

7. FRA Schedule: Begin Date _____ End Date _____ Total # of Days _____

Time of Day _____ Location _____

8. <u>ESTIMATED/ACTUAL PROFIT:</u>	APPLICATION <u>ESTIMATED</u>	RECAP <u>ACTUAL</u>	RECAP <u>VARIANCE</u>
<i>(The ESTIMATED column only is completed on application, the RECAP-ACTUAL & VARIANCE columns are completed after the activity is over)</i>			
A. Revenues:			
Sales quantity _____ X Sales price \$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Total Revenues	\$ _____	\$ _____	\$ _____
B. Costs:			
Unit quantity _____ X Unit cost \$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Total Costs	\$ _____	\$ _____	\$ _____
C. Gross Profit (A minus B)	\$ _____	\$ _____	\$ _____
D. Other Costs (printing, security, prizes etc.) Describe: _____	\$ _____	\$ _____	\$ _____
E. Net Profit (C minus D)	\$ _____	\$ _____	\$ _____

Explain any variance _____

FRA SPONSOR ASSURANCE - I have read and understand Board Policies 5830 and 9211 and Administrative Procedure 9700C related to fundraising (available for review at www.pasco.k12.fl.us.) I will comply with these regulations and internal accounts procedures.

APPLICATION Sponsor Signature _____ Date _____

Approved Denied Principal's Signature _____ Date _____

Event on Calendar (Y/N) _____ Bookkeeper Signature _____ Date _____

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RECAP Sponsor Signature _____ Date _____

Verified RECAP Amounts to Munis Bookkeeper Signature _____ Date _____

DISTRIBUTION: Bookkeeper, Sponsor