

Request Date: \_\_\_\_\_



Office of Purchasing  
10910 Clarksville Pike  
Ellicott City, MD 21042  
410.313.6644, fax 410.313.6789

## Application for Fund Raising Vendor

**(This form must be completed and signed by the Vendor sponsoring the fund raiser)**

(For those businesses and individuals wishing to participate in a fair and equitable process to support schools, the school system, and the community in accordance with Board Policy #4020. Approval valid for three years ending on June 30<sup>th</sup> of that school year.) **Please note: HCPSS employees are not eligible to apply.**

**Business Name:** \_\_\_\_\_

**Alternate Business Name (D/B/A, T/B/A):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Federal/State Tax ID No.:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Nature of Product or Services to be Provided:** \_\_\_\_\_

**Timeframe for the Fund Raiser:** \_\_\_\_\_

**Calculation/Amount of Shared Proceeds to School:** \_\_\_\_\_

**Proposed Method of Collecting Funds:** \_\_\_\_\_

**Involvement of Students, Staff, Community:** \_\_\_\_\_

**Other Comments/Notes:** \_\_\_\_\_

\_\_\_\_\_  
**Vendor's Representative Signature**

**Office Use Only:**

Approval Date: \_\_\_\_\_ Initials \_\_\_\_\_  
Website Date: \_\_\_\_\_ Initials \_\_\_\_\_  
Approval Letter Sent: \_\_\_\_\_ Initials \_\_\_\_\_

Denial Date/Reason: \_\_\_\_\_  
\_\_\_\_\_