

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.)

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

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

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

\_\_\_\_\_

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

**Telephone No.:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

**FAX No.:** \_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_

**Nature of Product or Services to be Provided (see Guidelines):** \_\_\_\_\_

\_\_\_\_\_

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

**Calculation/Amount of Shared Proceeds to School (see Guidelines):** \_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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