

# Restricted Independent Activity Fund (IAF) Purchases

## Request for the Chief Operating Officer's Approval



Office of the Chief Operating Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 281-53**  
**September 2017**

**BACKGROUND:** This form is used by schools to request approval to commit Independent Activity Funds for purchases that require higher level approval from the chief operating officer. Refer to the MCPS *Financial Manual*, Chapter 20, pages 4–5, for specific instances in which higher level written approval is required. **INSTRUCTIONS:** PARTS A–D should be completed and signed by the principal. Attach IAF accounting report as required and forward to the chief operating officer, CESC, Room 149.

**PART A—SCHOOL INFORMATION** (To be completed by school) Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Phone No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Principal \_\_\_\_\_ School Financial Agent \_\_\_\_\_

- IAF PURCHASE INFORMATION**—Check all that apply
- Procurement requiring disbursement of \$7,500 or more
  - Athletics Purchase of \$7,500 or more (other than field maintenance contracts)
  - Contract with time period greater than 3 years (attach contract to this form, see Part C)
  - Promethean Board Purchase
  - Construction/Facility Modification, including playground equipment—Attach approved MCPS Form 230-27: *Facility Project Request Form*. Note that Board of Education approval is required for projects that cost \$50,000 or more; refer to Policy CNE for details.

**PURCHASE DETAIL**—Attach price quote or item detail from vendor site.

Vendor Name \_\_\_\_\_

Item	Cost/Unit	Qty	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Purchase Amount</b>			_____

- WAIVER OF STAFF APPRECIATION/REFRESHMENT EXPENDITURE RESTRICTION**—Request to spend more than \$60 per staff member.
- Provide the following details:
    - Total staff count assigned as of October 31 \_\_\_\_ x \$60.00/staff member = \$ \_\_\_\_\_
    - Total spent for staff appreciation/refreshments in current fiscal year, to date: \$ \_\_\_\_\_
    - Amount of increase requested: \$ \_\_\_\_\_
  - Attach Annual Spending Plan for staff appreciation & refreshments

**PART B—IAF FUNDING SOURCE INFORMATION (from SchoolFunds Online SFO)**

SFO Account Number	SFO Account Name	Current Account Balance	Amount To Be Used	Origin of Funds in this Account (e.g., PTSA, donation, fundraising, etc.)

**JUSTIFICATION:** Explain how this purchase will impact the general welfare of students and the school's instructional or extracurricular activity program. What consequences may result if this request is denied? **If additional details are provided in an attachment, check here:**

\_\_\_\_\_

- PART C—ATTACH DOCUMENTATION**
- Attach current SFO Trial Balance Report; for athletic purchases, attach Series 1 Receipts & Disbursements Report
  - If all or part of the purchase amount is to be reimbursed by an outside source (e.g., PTSA, Boosters, Foundation, etc.), attach documentation of the commitment to reimburse (e-mail, letter, grant award, etc.)
  - Attach any contracting documents that require the Principal's signature.

**PART D—VERIFICATION**—Principal's signature verifies the accuracy of the information provided above.

Signature, Principal (Required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART E—AUTHORIZATION** (Chief Operating Officer)

IAF funding review/verification \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved     Not Approved, reason \_\_\_\_\_

Signature, Chief Operating Officer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_