Hillsborough County Public Schools

Fundraiser Intake Form

Logo, company name

Description automatically generated

Title for this fundraiser:

Does fundraising require DOOR-TO-DOOR Sales?

Do you have insurance related to this service or product?

Type of business insurance:

Insurance Policy Number:

If you have insurance, email the Certificate of Insurance for each line carried to: [DRC@hcps.net](mailto:DRC@hcps.net)

Company Name:

Business Phone:

Owners/Corporate Officer:

Contact Person:

Contact Phone:

Contact Email:

Business Physical Address line 1:

Business Physical Address line 2:

Business City:

Business State:

State/Province:

ZIP/Postal code:

Is your mailing address the same as your business address?

Business Mailing Address line 1:

Business Mailing Address line 2:

Mailing City:

Mailing State:

State/Province:

Mailing ZIP/Postal code:

Federal ID number:

Business Type (Incorporated, Sole Proprietor, Partnership, LLC, other) :

Part-Time Employees:

Full-Time Employees:

Have you had any discussions with anyone in this School District regarding this event/program/proposal? If so, whom?

Years doing business with this school district:

Professional organizations in which your company is a member (i.e., Better Business Bureau):

Product/s and/or Service/s offered:

Business website:

Target Sales Audience:

If this fundraiser group generates revenue through a percentage, enter percentage here:

If this fundraiser group generates revenue through a flat fee, enter flat fee here:

If this fundraiser group generates revenue through another method than through percentage or flat fee, please indicate the method of generating revenue:

Will you be mailing additional information to us such as: attachments, certificates, or samples to District Review Committee, ROSSAC/2nd Floor, 901 E. Kennedy Boulevard, Tampa, Florida 33602?

Do you agree with the guidelines found at [GENERAL GUIDELINES FOR VENDORS (sdhc.k12.fl.us)](https://www3.sdhc.k12.fl.us/districtreview/Guidelines.asp) ?