



Austin Independent School District



Crowdfunding Application

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All Crowdfunding Events must be approved by your Principal and follow all district procedures and guidelines. Please complete this form to request approval.

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Account Sponsor Name: _____

Account Name: _____

Crowdfunding Detail:

Campaign Name: _____ Monetary Goal \$ _____

Event Start Date: ____/____/____ Event End Date: ____/____/____ (45 days or less)

Purpose and goal of the campaign: _____

Crowdfunding Site Utilizing: _____
(must be a site approved in the CrowdFunding guidelines)

By signing below, I acknowledge I will comply with the Crowdfunding Guidelines and Activity Fund Procedures Manual both of which I have read and understand. If event is approved the Crowdfunding Summary Report Form will be completed within 3 weeks of campaign ending and turned into bookkeeper.

Account Sponsor's Signature

Date



Approved



Denied

Principal's Signature

Date

Reviewed by _____
Bookkeeper's initials Date

Copy submitted to & on:
Acct Sponsor ____/____/____

Office of Innovation & Development
____/____/____