

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
July 2018

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. **For guidelines and exceptions, refer to the MCPS Financial Manual, Chapter 20, Additional Required Procurement Approvals.** **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 _____

REQUEST FOR APPROVAL—Check all that apply
 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Purchase Amount				_____

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
 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 ____/____/____