

# Restricted Independent Activity Fund (IAF) Purchases

Division of Financial Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**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 financial 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 send to the Department of Financial School Support via email at [DFSS@mcpsmd.org](mailto:DFSS@mcpsmd.org).

## PART A—SCHOOL INFORMATION (To be completed by school)

Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

## REQUEST FOR APPROVAL—Check all that apply

- ☐ Staff Appreciation/Refreshment Waiver
- ☐ Furniture Purchase of \$1,500 or more
- ☐ Procurement requiring disbursement of \$25,000 or more
- ☐ Procurement requiring disbursement of \$7,500 or more and less than \$25,000
- ☐ Construction/Facility Modification—Must include approval from Asset Essentials. Note that Board of Education approval is required for projects that cost \$50,000 or more
- ☐ Boxlight/Flat Panel Purchase
- ☐ Contract with time period greater than 3 years

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

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

Item	Cost/Unit	Qty	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
Total Purchase Amount			_____

## WAIVER OF STAFF APPRECIATION/REFRESHMENT EXPENDITURE RESTRICTION—Request to spend more than \$75 per staff member.

- ☐ Provide the following details:
  - Total staff count assigned as of October 31 \_\_\_\_ x \$75/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., PTA/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., PTA/PTSA, Boosters, Foundation, etc.), attach documentation of the commitment to reimburse (email, letter, grant award, etc.)
- ☐ Attach MCPS [Form 234-24, Competitive Price Quote Form](#) if the purchase amount is \$7,500 or more.
- ☐ 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

☐ IAF funding review/verification, DFSS Designee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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