

## FUND-RAISING EVENT/ACTIVITY APPROVAL FORM (Form 5830 F1)

Name of Organization:	Contact Person/Advisor:
Request Date:	Date(s) of Event:
How Many Fund-Raising Events/Activities has this Group held Already this School Year?	
Method of Fundraising: <input type="checkbox"/> Sale of Product <input type="checkbox"/> Sale of Service <input type="checkbox"/> Pledge <input type="checkbox"/> Cash Contribution/Donation <input type="checkbox"/> Other:	Name of Product or Service:  Product's Compliance with USDA Standards: <input type="checkbox"/> Compliant (meets standards) <input type="checkbox"/> Non-Compliant OR Exempt from Standards  Company Name:
Designated Use of Proceeds:	Location of Fundraising Event:

**District Wellness Policy 8510 Requires the Following:**

1. Encourage healthy food or non-food fundraisers
2. Encourage healthier options/items at concession stands
3. No candy to be sold before or during school or at lunch times

**PLEASE ATTACH COPIES OF LETTERS, BROCHURES, ADVERTISING, ETC., THAT WILL BE USED.**

**FUND-RAISING EVENT/ACTIVITY APPROVAL**

**DIRECTIONS:** Fill out fund-raising/activity approval form completely with Principal's signature and send one copy to the Superintendent. A copy will be returned with the Superintendent's approval/denial and signature.

<input type="checkbox"/> Event/Activity Approved: <input type="checkbox"/> Event/Activity Disapproved	Principal Signature:	Date:
<input type="checkbox"/> Event/Activity Approved: <input type="checkbox"/> Event/Activity Disapproved	Superintendent Signature:	Date:

**FINAL REPORT OF FUND-RAISING EVENT/ACTIVITY**

**Must be completed within two weeks of event/activity completion and submitted to the Superintendent**

Cost of Merchandise:	Revenue after Expenses:
Date of Deposit:	Name of Individual Who Received Deposit:
Comments:	
Signature/Date:	