

DONNA ISD

C.N.P DEPARTMENT

FACULTY FUNDRAISER FORM

Please read the attached Food Sale Fundraisers Q & A prior to completing form.

I, _____, acknowledge that I have read the attached Food Sale Fundraisers Q&A. I understand that that any food/beverage sold to students during the school day is strictly prohibited, unless authorized by the Child Nutrition Program, and that failure to adhere to these federal regulations may result in fiscal action.

I certify that the fundraiser being conducted on the date listed below is solely for the purchase and consumption by faculty/staff.

Fundraiser Coordinator Signature

Date

Campus Name: _____

Event: _____ **Date of the Event:** _____

Campus Principal Signature: _____ **Date:** _____

CNP Director Signature: _____ **Date:** _____

Instructions:

1. Once form is completed, please submit to CNP Director for review and approval of fundraising activity.
2. Following approval, CNP Dept. will email an approved copy of the form to the campus and Business Office.
3. After the form has been approved and received by campus, fundraiser may be carried out.

Any questions or changes made to these dates after submitting final copy to Child Nutrition, please contact: **Nancy Ortiz, Child Nutrition Director (956)464-1814 Nancy.Ortiz@donnaisd.net**

