

FUNDRAISING REQUEST FORM

School:	Organization or Department:		
Today's Date: Date of Even	ıt: Sponsor:		
1. Purpose (How does fund drive relate t	o school program?)		
 Anticipated Goal: \$ a. Plan if goal is not met: b. Plan if goal is exceeded: 			
 3. Is this a crowdfunding request? Yes No (If no, skip to #4) If yes, please provide all pertinent information on this form as well as the following: a. Name of platform: b. Amount(s) to be charged by the platform: \$			
 4. Type of sale (indicate product and that part of city to be canvassed) a. What type of item is being sold? b. Will food or drink be sold or given away at the event/activity/fundraiser during the extended school day (including before and after school activities)? c. If yes, have you filled out and attached the Food Approval Form? Yes No (see Page 2) 			
5. Supplier:			
6. Plan for disposing of excess product:			
7. Accounting procedure (Where will funds be deposited?)			
Approved	Disapproved		
Reason:			
Principal:	Date:		
Approved	Disapproved		
Reason:			
Executive Director:	Date:		
PLAYGROUND APPROVAL:			
Approved	Disapproved		
Reason:			
	cutive GFPS Foundation Director of Business Operations		

FOOD APPROVAL FORM:

The following food items will be sold and/or given away at our event/activity/fundraiser. Use additional paper as needed. Please attach recipes of homemade items.

ltem(s)	Weight

I understand and agree that the above-listed items meet the District Nutrition Guidelines found on the Student Wellness webpage.

Sponsor:	School:	Date:
Executive Director:		Date:
Wellness Committee:		Date:

Please contact the Student Wellness Office at 268-6770 with any questions.

Distribution: DW-215 (REV 5/23) White: School

Pink: Executive Director's Office