

1 **Great Falls Public Schools**

2
3 **FINANCIAL MANAGEMENT**

4
5
6 Fundraising Request Form

7225F

8 Note: Contact Central Reception for form DW-53

9
10 School: _____ Organization or Department: _____ Today's Date: _____

11 Date of Event: _____ Sponsor: _____

12
13 1. Purpose (How does fund drive relate to school program?)

14
15 2. Anticipated Goal \$: _____

16 a. Plan if goal is not met: _____

17 b. Plan if goal is exceeded: _____

18
19 3. Is this a crowdfunding request? Yes No (If no, skip to #4)

20 If yes, please provide all pertinent information on this form as well as the following:

21 a. Name of platform: _____

22 b. Amount(s) to be charged by the platform: (admin fees, labor, shipping, stocking fees, etc.):
23 _____

24 c. How will donors be acknowledged?
25 _____

26 d. Skip to #7.

27
28 4. Type of sale (indicate product and what part of city to be canvassed).

29 a. What type of item is being sold?: _____

30 b. Will food or drink be sold or given away at the event/activity/fundraiser during the extended school day
31 (including before and after school activities)? Yes No

32 c. If yes, have you filled out and attached the Food Approval Form? Yes No

33 (see page 2)

34
35 5. Supplier: _____

36 Will product be purchased locally? Yes No

37 If not, explain: _____

38
39 6. Plan for disposing of excess product: _____

40
41 7. Accounting procedure (Where will funds be deposited?): _____

42
43 _____ Approved _____ Disapproved

44 Reason: _____

45
46 Principal: _____ Date: _____

47
48
49 _____ Approved _____ Disapproved

50 Reason: _____

51
52 Assistant Superintendent: _____ Date: _____

53

1 **Food Approval Form:**

2
3 The following food items will be sold and/or given away at our event/activity/fundraiser. Use additional paper as
4 needed. Please attach recipes of homemade items.

5 _____
6 _____
7 _____

8
9 I understand and agree that the above-listed items meet the District Nutrition Guidelines found on the Student
10 Wellness webpage.

11
12
13 Sponsor _____ School _____ Date _____

14
15 Assistant Superintendent: _____ Date _____

16
17 Wellness Committee: _____ Date _____

18
19 Please contact the Student Wellness Office with any questions.

20
21 White: Back to School Pink: Assistant Superintendent’s Office

22
23
24
25
26
27 Cross Reference:

- 28 Policy 3530 Student Fundraising Activities
- 29 Policy 4210 School Support Organizations and Fundraising
- 30 Policy 7225 Crowdfunding Guidelines and Approval Process

31
32 Legal Reference:

- 33 §20-6-601, MCA Power to accept gifts
- 34 §20-6-604, MCA Sale of property when resolution passed after hearing – appeal procedure
- 35 §2-2-102(3), MCA Definitions
- 36 §2-2-104, MCARules of conduct for public officers, legislators, and public employees

37
38 Policy History:

39 Adopted on: February 11, 2019
40 Revised on: