

Principal Signature

## MASTER FUNDRAISING PLAN for School Year \_\_\_\_\_

\*\*\*Please TYPE, do not hand-write!\*\*\*

Nutrition and Menu Specialist Signature

Date

School Nan	ne		School Group  Phone #				
Advisor Na	me						
*** If you are p	olanning a food fundrai	ser, please submit the p	product's nutrition fact	ts label <u>and</u> ingre	edient panel alor	ng with this for	n.***
	What	Who	When	Wellness Policy  Is it a food fundraiser occurring before, during or within 30 minutes after school?		Wellness Policy If it is a food fundraiser, does it meet USDA nutrition requirements?	
Vendor Name	What will be sold?	Who will be selling?	Dates of sale? (be specific)	YES	NO	YES	NO
rification (explain any irregularities) -							

Date