

Great Falls Public Schools
Great Falls, Montana

FUND DRIVE REQUEST

School _____ Organization or
Department _____

Today's Date _____ Date of Event _____ Sponsor _____

1. 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)? Yes No
- c. If yes, have you filled out and attached the Food Approval Form? Yes No
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2. Purpose (How does fund drive relate to school program?)

3. Accounting procedure (Where will funds be deposited?)

4. Supplier _____

Will product be purchased locally? Yes No

If not, explain. _____

5. Anticipated Goal \$ _____

a. Plan if goal is not met _____

b. Plan if goal is exceeded _____

6. Plan for disposing of excess product _____

Approved Disapproved

Reason

Principal

Approved Disapproved

Reason

Assistant Superintendent

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.

Item _____ weight _____

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

Sponsor _____ School _____ Date _____

Assistant Superintendent _____ Date _____

Wellness Committee _____ Date _____

Please contact Jody Murray at 268-6772 or jody_murray@gfps.k12.mt.us with any questions.

White: Back to School

Pink: Assistant Superintendent Office