

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  
(DW53 Page 2)

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 268-6770 or [jody\\_murray@gfps.k12.mt.us](mailto:jody_murray@gfps.k12.mt.us) with any questions.