



Great Falls Public Schools
Great Falls, Montana

FUNDRAISING REQUEST FORM

School: _____ Organization or Department: _____

Today's Date: _____ Date of Event: _____ Sponsor: _____

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

2. 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: \$ _____
(Admin fees, labor, shipping, stocking fees, etc.)

c. How will donors be acknowledged? _____

d. Skip to #7.

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)? Yes No

c. If yes, have you filled out and attached the Food Approval Form? Yes No
(see Page 2)

5. Supplier: _____

Will product be purchased locally? Yes No

If not, explain: _____

6. Plan for disposing of excess product: _____

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

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Reason:	
Principal:	Date:

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Reason:	
Assistant Superintendent:	Date:

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(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:** _____

Assistant Superintendent: _____ **Date:** _____

Wellness Committee: _____ **Date:** _____

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