|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School and Group/Organization | | | | | | Date |
| Name/Purpose of Activity | | | | | | |
| How will funds be raised? | | | | | | |
| Location of fundraiser?  □ This fundraiser is online only □ This fundraiser is online and distributed after school (Ex. Girl Scout Cookies)  □ This fundraiser is during school hours □ This fundraiser is after school hours | | | | | | |
| Beginning Date | Ending Date | Total # of days | Beginning Time | Ending Time | How many students are involved? | |
| □ This fundraiser does NOT include selling food. Send completed form signed by the Principal to Operations - LEC  □ \*\*This fundraiser includes selling food. *Include Nutritional Labels for each item to be sold.* Email the completed form signed by the Principal and nutrition labels to schoolmeals@fcboe.org. *Please allow 10 business days for approval.* For additional information and clarification, please refer to the [Smart Snack FAQ Link](https://drive.google.com/file/d/1WZLDk1jsfkjgV7Kne0SOIvuiWWwwK7_i/view) | | | | | | |
| Name(s) of Supervising Staff | | | | | | |
| Supervising Staff’s Signature | | | | | | Date |

|  |  |  |
| --- | --- | --- |
| Principal’s Approval  □ Approved  □ Not Approved | Comments: | |
| Principal’s Signature | | Date |

\*\*\*\*\*BELOW FOR COUNTY OFFICE USE ONLY\*\*\*\*\*

|  |  |  |
| --- | --- | --- |
| \*\*School Nutrition Director’s Approval  □ Approved □ Not Approved  □ Exempt □ Smart Snack | Comments: | |
| School Nutrition Director’s Signature | | Date |

|  |  |  |
| --- | --- | --- |
| Assistant Superintendent’s Approval  □ Approved  □ Not Approved | Comments: | |
| Assistant Superintendent’s Signature | | Date |

*Revised 4/12/2023*