

Fund Raising Request

Ness City Schools

Name of Organization _____
Organization Sponsor _____

Please state the purpose of your fund raiser:

Title of Fund Raiser _____

What will the proceeds of this fundraiser be used for?

Starting Date _____ Ending Date _____
Time of day sales are to be conducted _____ to _____

*If sales are for food items sold/distributed on school days between 12:00 am and 4:00 pm, please attach item wrapper(s) and Smart Snacks Calculator printout(s) found at the following website —
https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/smart_snacks/alliance_product_calculator/

List the cost of item(s) to be sold:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will students be receiving any part of the proceeds? (Yes or No) _____

Signature of Sponsor _____ Date _____

Approved Not Approved

Signature of Principal _____ Date _____

Approved Not Approved

Signature of Superintendent _____ Date _____

Copies returned to Sponsor and Building Original to Superintendent's Office