

Crossett School District

219 Main Street
Crossett Arkansas 71635

Request for Fundraising Activity

Date:	
Club, Class, or Organization requesting:	
Sponsor:	

Purpose of request (be specific):

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Amount of funds needed:	
Date or Dates for Proposed Fundraising:	
How are proposed funds to be raised?	

Prior to submitting the Request for Approval: If the fund raiser involves selling food items during the school day, please access the Healthier Alliance Snack Calculator to determine if the product meets the [USDA's Smart Snacks in Schools nutrition standards](https://www.healthiergeneration.org/take-action/schools/snacks-and-beverages/smart-snacks/alliance-product-calculator/)*. The save and prince approval page for your records and attach a copy to this request. Also, attach a copy of the nutrition label for the item being sold. Results from the calculator have been determined by the U.S Department of Agriculture to be accurate in assessing product compliance with Federal requirements for smart Snacks in Schools.

<https://www.healthiergeneration.org/take-action/schools/snacks-and-beverages/smart-snacks/alliance-product-calculator/>

Signature of Sponsor:	
Principal Recommendation:	Recommended: _____ Not Recommended: _____
Principal's Signature:	Date: _____
Superintendent's Signature:	Date: _____