

**Snyder Independent School District
Authorization to Conduct a Fund Raiser**

Campus: _____

Club: _____

Taxable Fundraiser: ()Yes ()No

Fund Raiser Title: _____

A. What type of merchandise or service will be sold or provided?

B. Will food be sold that will be consumed during school hours (**midnight to 30 minutes after the end of the school day**)? ()Yes ()No
If so, does the food item(s) meet the USDA nutritional standards? ()Yes ()No
Please attach a copy of the Smart Snacks Product Calculator Results and Nutrition Fact Label from the food item(s) for audit purposes.
<https://foodplanner.healthiergeneration.org/>

C. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?

D. Vendor _____ Representative _____
Address _____ Phone _____

E. Fund raiser will be conducted from _____ to _____
(Month/Year) (Month/Year)

F. Funds generated will be used for _____

Projected Sales and Expenses:

Total Projected Sales	\$ _____
Total Projected Expenses	\$ _____
Projected Net Profit	\$ _____

Sponsor Certification:

I hereby certify that a profit/loss statement will be completed and submitted to the Business Office within 30 days after the termination of the fund raising activity. In addition, I certify that all monies collected will be deposited to the campus secretary in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ **Date:** _____

Authorization:

() **Approved** **Principal:** _____ **Date:** _____

() **Disapproved** **Director of Finance:** _____ **Date:** _____