DEPARTMENT OF EDUCATION
Food and Nutrition Services Management Division
501 Mariner Ave., Barrigada, Guam 96913
Telephone: (671) 472-4081 ext. 1398
Email: fnsmd.programs.operations@gdoe.net

REQUEST FORM FOR FOOD / BEVERAGE EVENTS IN SCHOOLS

Instructions: Complete this form for **all** school-related food & beverage sales and submit to the Food & Nutrition Services Management Division via email at fnsmd.programs.operations@gdoe.net at least **two (2) weeks prior to the event**. The sale or distribution of foods/beverages on school campuses during the school day that are not part of Child Nutrition Program meals must meet nutrition standards mandated by 7 CFR Part 210, GDOE Board Policy 705, and SOP 1700-019. All sales of foods/beverages, regardless of items sold, must be tracked and recorded. Approval must be obtained via the FNSMD prior to sale/distribution.

School:			
Host Club/Group/Organization:			
Contact Person:			
Phone:		**Email:**	
Date of Sale FROM:	/ / *month day year*	**TO:**	/ / *month day year*
End Time of Last Lunch Period:		**End Time of School Day:**	

1. Will the fundraiser/event sell any **food items?** ☐ Yes ☐ No, *skip to question 2.*
   a. Do the food items meet Smart Snacks standards?
      ☐ No
      ☐ Yes. How was this determined? *(e.g. items are on Approved Smart Snacks list, or used Smart Snack Calculator).*

2. Will the fundraiser/event sell any **beverages?** ☐ Yes ☐ No, *skip to question 3.*
   a. Do the beverages meet Smart Snacks standards?
      ☐ No
      ☐ Yes. How was this determined? *(e.g. items are on Approved Smart Snacks list, or used Smart Snack Calculator).*

3. **Who** will the food and/or beverage items be sold to? *(check all that apply)*
   ☐ Students ☐ School Faculty/Staff ☐ Parents and Other Adults ☐ Other: _____

4. **Where** will the fundraiser/event be conducted? *(check all that apply)*
   ☐ On school campus ☐ Off school campus, *indicate location:* _____

5. **When** will the fundraiser/event be conducted? *(check all that apply)*
   ☐ During the school day, *indicate times:* _____
   ☐ After the school day, *indicate times:* _____
   ☐ Weekend, *indicate times:* _____

6. Will the event occur while any Child Nutrition Programs are operating? *(e.g. during school breakfast or lunch)*
   ☐ No ☐ Yes, *indicate which CNP meal:* _____

7. Do the marketing items for this event (e.g. posters, tickets, etc.) meet required standards?
   ☐ No. **Attach copies of fundraiser marketing materials.**
   ☐ Yes. **Attach copies of fundraiser marketing materials.**

8. Has the school or host club/group/organization obtained the necessary food safety permits and certificates?
   ☐ No
   ☐ Yes. **Attach copies of all required documents.**

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9. List **all** food and/or beverage items to be sold, to include product names exactly as shown on package, portion/ package sizes, ingredients, Nutrition Facts labels, or other manufacturer product information sufficient to determine Smart Snacks compliance. Attach copies of product labels and Nutrition Facts if available. If no nutritional information is available, all ingredients (and quantities of each ingredient) must be listed. Attach additional pages if needed.

Manufacturer	*Food or Beverage Product*	*Portion/Package Size, Ingredients, and Nutritional Information*

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ATTESTATION AND CERTIFICATION FOR FOOD/BEVERAGE EVENTS

By signing below, the undersigned certify that all information provided on this Request Form for Food/Beverage Events is true, accurate, and complete. The host club/group/organization and School Administration acknowledge that they have read, understand, and will comply with all applicable requirements of GDOE Board Policy 705, SOP 1700-019, Smart Snacks in School Standards, and all other applicable district, local, and federal regulations governing foods and beverages sold or provided to students on school campus during the school day, including requirements of 7 CFR Parts 210, 220, and 226.

The undersigned acknowledge that approval of this event is contingent upon continued compliance with all applicable requirements as mandated. Any changes to the information provided on this form, including fundraiser date, times, locations, food and/or beverage items, nutritional information, or other pertinent details must be submitted in writing to the FNSMD for review prior to implementation to ensure continued compliance with applicable policies and regulations.

The undersigned further acknowledge that as participants of Child Nutrition Programs, any and all food/beverage sold or provided to students on school campus during the school day are subject to compliance review and inspection by the FNSMD at all times. Failure to comply with approved event conditions or any provisions of the above policies and procedures may result in revocation of approval and/or other corrective actions.

HOST POINT OF CONTACT (print name)	SIGNATURE	DATE
SCHOOL ADMINISTRATOR/DESIGNEE (print name)	SIGNATURE	DATE

FOR FNSMD USE ONLY:

Verified (initial):	Attachment Checklist (as applicable):
☐ _____	☐ Copy of DPHSS-DEH Food Handler's Health Certificate(s)
☐ _____	☐ Copy of DPHSS-DEH Sanitary Permit(s)
☐ _____	☐ List of all food/beverage items to be sold
☐ _____	☐ Manufacturer and Product information
☐ _____	☐ Complete ingredient and quantity listing

DETERMINATION

☐ **Approved Category 1:** All items meet Smart Snacks standards for foods/beverages provided or sold to students on school campus during the school day. There is no limitation on duration or frequency, however sale/distribution must not compete with CNP meals, nor begin until thirty minutes after end of last lunch period. All food safety documentation is valid, as applicable.

☐ **Approved Category 2:** One or more items do not meet nutrient standards for foods/beverages provided or sold to students on school campus during the school day. This event is approved as an "Exempted Fundraiser" and therefore may only last one (1) day in length. Sale/distribution must not compete with CNP meals, nor begin until thirty minutes after end of last lunch period. All food safety documentation is valid, as applicable.

☐ **Approved Category 3:** Foods/beverages provided or sold to students is not taking place on the school campus during the school day. No foods/beverages will be consumed by students on the school campus during the school day. No other provisions of the above policies or procedures shall apply.

☐ **Denied** (reason for denial):

Exempted Fundraiser: ☐ Yes ☐ No	*If yes, Exemption #:*	*Exemptions Remaining for this SY:*
Reviewed by (print name):	*Signature:*	*Date:*