

NAVARRO INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR DONATION

Donor Name: _____

Address: _____

Phone: _____

Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding donation:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Description, value and purpose of the donation:

Life of donation:

Provisions or restrictions placed on the donation:

Terms and conditions for return of the donation to the donor if the donation has any time or use limitations:

Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period:

Donor comments, instructions and/or requests regarding the proposed donation:

The signature of the donor indicates that he/she has conferenced with the campus principal and/or Superintendent's designee and has provided the information reflected in the responses to the prompts/questions.

Signature of Donor
(or authorized signature if entity has a governing board)

Date

Signature of Principal/Director

Date

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THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District policies, philosophies or current plans or purposes? YES NO

Does the donation create costs to the District that are unreasonable or unsupportable? YES NO

Does the donation create a restriction on any other school or District program that is inconsistent with District policies, philosophies, or current or future plans or purposes? YES NO

Does the donation create a conflict with public law? YES NO

Final Disposition:

APPROVED

DECLINED

Superintendent

Date