Thank you for your interest in making a donation. This form must be completed by the agency representative and approved by administration before any improvements can start.

Date: __________________

School: __________________ Location: (i.e. room#) __________________

Agency Donating Item: __________________

Contact Information for Agency (phone number and/or email address):

__________________________________________________

Description of item(s) to be Donated and Estimated Cost of Donation:

_________________________________________________________________________________

Does this item require a bid? ____________

Scope of Work:

_________________________________________________________________________________

Is there anticipated annual operating cost? (Yes/No) _________________

If so what is the estimated cost? _________________

Estimated Useful Life of Donation: __________________

Expected Start Date: ________________ Expected Completion Date: ________________

Signatures of Approval:

Principal: __________________________

Director of Buildings & Grounds (if applicable): __________________________

Director of Technology (if applicable): __________________________

Director of Business & Finance: __________________________

Superintendent: __________________________ Date: __________________