Fort Bend Independent School District
Donation Request

Request for Acceptance of Donated Funds, Materials or Equipment (Refer to Policy **CDC-R**, "Donations")
Donations **less than $5,000** use "Donations to Activity Fund Accounts" quarterly report (**FJ-E1**) instead

Information about the Donation:

Campus: _____ Donor: _____ If recipient is Student Activity Group, give group name: _____

Proposed Use of Funds: _____

Please Complete Appropriate Box/Line:
☐ If <u>funds</u>, proposed amount is… $_____
☐ If <u>consumable</u> <u>materials</u>, estimated value is… $_____   (determined by donor, or supporting invoice if new)
☐ If <u>equipment</u>, estimated value is… $_____   (determined by donor, or supporting invoice if new)

If consumable materials or equipment, please also provide a detailed description of the proposed items…for equipment, include brand,

model and serial numbers if available (Also attach copy of invoice if available). _____

_____

Donor Contact or Gift Coordinator:

Name:_____   Daytime Phone:_____   Evening Phone: _____

(√) Check One   Fort Bend ISD Acceptance:

☐	Funds are donated to a school or a budgeted program…	_____ Date _____ Approved Denied **(circle one)** Principal/Budget Manager
	A Budget Change Request (**CDC-E-1**) should be prepared and attached, along with the check donation. **(or)**	_____ Date _____ Approved Denied **(circle one)** Area/Assoc Superintendent Approval of the attached Budget Change Request by the superintendent or board officer signifies acceptance of the donation by Ft. Bend ISD
☐	Consumable materials are donated to a school or budgeted program… **(or)**	_____ Date _____ Approved Denied **(circle one)** Principal/Budget Manager (no budget change)
☐	Equipment is donated to a school or budgeted program… **(or)**	_____ Date _____ Approved Denied **(circle one)** Principal/Budget Manager _____ Date _____ Approved Denied **(circle one)** Area/Assoc Superintendent _____ Date _____ Approved Denied **(circle one)** Superintendent or board officer (no budget change)
☐	Donation to existing student or faculty activity fund organization….	_____ Date _____ Approved Denied **(circle one)** Principal/Budget Manager _____ Date _____ Approved Denied **(circle one)** Area/Assoc Superintendent (no budget change) _____ Date _____ Approved Denied **(circle one)** Superintendent or board officer (no budget change)

If donation is denied or declined, list reason for action/denial: _____

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