

Gift Acceptance Guidelines

8:80-ED1 Exhibit - Gift Acceptance Form

Date 3/4/19

Donation to school/location Julian M.S. / P.E.

Detailed description of the gift Stationary Bikes from Planet Fitness (9 bikes)

Estimated/actual gift value 5,000 - 10,000

Intended use Stationary bikes for fitness room

How will the gift impact the district? Please check the following items that apply and provide a brief description of the impact the gift will have on the district.

- | | |
|---|---|
| <input type="checkbox"/> Professional development or staff training | <input type="checkbox"/> Equity across all schools |
| <input type="checkbox"/> Installation and/or construction work | <input type="checkbox"/> District curriculum |
| <input type="checkbox"/> Coordination of scheduling work | <input checked="" type="checkbox"/> Ongoing maintenance/replacement |
| <input type="checkbox"/> District and/or school computer network | <input type="checkbox"/> Ongoing financial or staff support |
| <input type="checkbox"/> Hire additional staff | <input type="checkbox"/> Other |

Outside vendor required ☐ Yes ☒ No

District performing the work ☒ Yes ☐ No

Donation timeline

March 24, March 26
3/4/19

Principal/Administrator Signature

Date

Principal/Administrator - Please use the space below to provide your reason/rationale for either approving or denying the proposed donation.

For Internal Use Only

Superintendent Approval ☐ Yes ☐ No

Board Approval Needed ☐ Yes ☐ No

Work Session Agenda Date _____

Board Approval Date _____

Donor Notification _____

Superintendent Signature

Date

Administrator Signature

Date

(if applicable)

DATED: December 6, 2016