

RECEIVED

AUG 28 2026



Donation (Cash / Property) to the Madison Public Schools

SUPERINTENDENT

Completion of this form is required prior to the district's consideration of a proposed donation to the Madison Public Schools. This form is to be completed in its entirety and submitted to the building principal / assistant principal, Athletic Director, or Superintendent prior to receipt of any donated goods, services, or funds. The school principal may approve gifts to a school that are valued at \$500 to \$1,000 and meet criteria established by the administrative regulations established in accordance with this policy. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed:

8/28

Organization / Individual Making Donation:

Neck River PTO

Address:

C/O 180 Mungertown Rd Madison CT

(Street, city, zip)

Phone #:

Description of Donation / Gift and intended use:

fall field Trips (1ST payment)

Approximate Value:

5,000

Recipient(s) name:

Neck River Elementary

Acknowledgements: (optional)

In honor/memory of:

Acknowledgement Contact:

Acknowledgement Address:

This request cannot be acted up on before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name/signature of the person who was consulted.

Signature of Person Consulted:

Rebecca Frost

Are there conditions of use attached to the gift/donation:

☐ Yes

☒ No

If yes, please explain conditions:

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.?

☐ Yes

☒ No

If yes, who is responsible for the costs?

What is the annual maintenance cost of the donation, if any?

☐ Yes

☐ No

Are there any other additional costs to the District?

☐ Yes

☐ No

(Signature of Donor)

For Central Office Use Only

Accepted by Superintendent:

[Signature]

Signature

9/1/24

Date

Accepted by Board of Education on:

Date