

**Consider approval of donations
December 16, 2024**

1. Board Goal - Domain 4, Objective 1 - Alignment of Financial Well Being with Student Achievement

2. Background:
The sponsors of campus activity funds have been utilizing crowdfunding to fundraise for their students. Crowdfunding is a form of donations and therefore, any donation received in the amount of \$5,000 or more must be approved by the board of trustees.

3. Process:
The sponsors of the campus activity funds complete a fundraising form and the form is routed through several approval processes. The form must be specific in the message displayed, the intended use of the funds raised.

Organization	Amount Raised	Purpose
Lobo Basketball Text A Thon	\$5,164.80	Basketballs, jump ropes, cones, locker stools, workout clothes
Due West Methodist Church Marietta, Georgia	\$11,000	Staff support since tragedy aligned with our District Improvement Plan (DIP) Domain 2

4. Fiscal Impact:
\$16,164.80

5. Recommendation:
Approve the donations as presented.

6. Action Required:
Action required

7. Contact Person:
Pam Bendele

Uvalde Consolidate Independent School District

Donation Form

The UCISD Board Policy CDC (Legal) states that: All bequests of property for the benefit of the public schools shall, when not otherwise directed by the grantor, vest the property in the Board. Funds or other property donated, or the income therefrom, may be expended: 1) For any purpose designated by the donor that is in keeping with the lawful purpose of the schools that are to benefit from the donation; or 2) For any legal purpose if the donor designated no specific purpose.

TYPE: (X) Cash/Check () Gift Card () Materials () Goods () Equipment

DONOR INFORMATION:

Donor Name: **Due West Methodist Church** Organization: _____

Address/City/State/Zip Code: **3956 Due West Road, Marietta, GA 30064**

Donated To: **Uvalde Consolidate Independant School**

Purpose of Donation: **Staff support since tragedy**

Value of Donated Property: **\$11,000**

Describe Item/Donated Property: **Monetary Donation**

Donor Imposed Restrictions, if any: **None**

Donor Signature: *Amber Wilson, Business Admin.* Date: **11/19/2024**

Donation Received By: _____ Date: _____

Deposit Donation to Account: _____

TO BE COMPLETED BY DISTRICT OFFICIAL

Donation Approved by: _____ Date: _____

(Superintendent, or Board of Trustees if value equals to or greater than \$5,000)

TO BE COMPLETED BY BUSINESS OFFICE

Date of Receipts: _____ Amount Received (if cash): \$ _____
() Cash () Check # _____ Location: _____ Fixed Asset Tag #: _____