

**Gift Acceptance Guidelines**

**8:80-ED1 Exhibit - Gift Acceptance Form**

Date 4/22/2022

Donation to school/location  
Wm Beye School

Detailed description of the gift  
PE equipment that can be used for all learners PTO

Estimated/actual gift value \$3,110.94

Intended use  
The equipment will be used by all students and can be modified for Special Ed

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 checked="" type="checkbox"/> District-curriculum     |
| <input type="checkbox"/> Coordination of scheduling work            | <input 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                              |

THE GIFT SUPPORTS D97 CURRICULUM FOR GEN ED & SPED NEEDS.  
IT CAN BE MODIFIED FOR ALL AGES, STRENGTHS & NEEDS

Outside vendor required ☒ Yes ☐ No  
District performing the work ☐ Yes ☒ No

Donation timeline

By the end of the 2021-2022 School Year

<u><i>Cheryl Sullivan</i></u>	<u>5/2/22</u>
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	<input checked="" type="checkbox"/> Yes	No	<input type="checkbox"/>
Board Approval Needed	<input checked="" type="checkbox"/> Yes	No	<input type="checkbox"/>

Work Session Agenda Date \_\_\_\_\_

Board Approval Date \_\_\_\_\_

Donor Notification \_\_\_\_\_

_____ Superintendent Signature	_____ Date
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_____ Administrator Signature	_____ Date
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(if applicable)

DATED: December 6, 2016

**Oak Park Elementary School District 97 - Admin Procedures**

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