

Donation (Cash / Property) to the Madison Public Schools

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 \$,1000 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: 9/12/2023
Organization / Individual Making Donation: DHHS Fevering Booster (
Address: 35 Colonial Rd Madison CT 0644?
Phone #: 203-285-5958 (Street, city, zip)
Description of Donation / Gift and intended use: Purchase of wireless Piste boxes & telays for Fencing team Approximate Value: \$6000
Recipient(s) name: DHHS Fencing Team
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:
Are there conditions of use attached to the gift/donation: Yes No
If yes, please explain conditions: For use of fencing team practice d meets.
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 Date
Accepted by Board of Education on: Date