



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 \$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: _____ November 11, 2025 _____

Organization / Individual Making Donation: _____ Neck River School PTO _____

Address: _____ c/o 180 Mungertown Road, Madison, CT 06443 _____ Phone #: _____ 203-245-6460 _____

Description of Donation / Gift and intended use: _____ Purchase Sensory Materials _____

Approximate Value: _____ \$1,650.00 _____ to be deposited in Neck River Instructional Supply Account

GE10128B-56110 Recipient(s) name: _____ Neck River Elementary

School _____ Acknowledgements: (optional)

In honor/memory of: _____

Acknowledgement Contact: _____ Neck River School PTO _____

Acknowledgement Address: _____ c/o 180 Mungertown Road, Madison, CT 06443 _____

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: _____ *RF Frost* / Becky Frost, Principal _____

Are there conditions of use attached to the gift/donation: ☒ Yes ☐ No

If yes, please explain conditions: **To pay for purchase of Going On A Bear Hunt Sensory Package and Leaping Logs Sensory Package from The Sensory Path**

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? Yes ☒ No

If yes, who is responsible for the costs? _____ Cost included in donation amount. _____

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]* _____ *11/14/25*
Signature Date

Accepted by Board of Education on: _____

Date