



Donation / Gift Request

Per District Administrative Guidelines, Section 3.15:
 Donations under \$499.99 must be approved by Principal or Department Head
 Donations between \$500.00 and \$4,999.99 must be approved by the Superintendent
 Donations above \$5,000.00 must be approved by the Board of Trustees

Principal/Department Head	School/Department
Dr. Anna Espinoza	Scholarship

Name of Donor <i>(if an organization, include name of representative)</i>
Covestro

Mailing Address	City	State	Zip Code
8500 W Bay Rd	Baytown	TX	77523

Description of Donation/Gift	Value	*
STEM scholarship	\$ 10,000.00	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

* check this box if this is a non-cash donation that has an individual value of \$5,000 or more and must be added to the district's fixed asset inventory

Permission is requested to accept this donation/gift for our school/department. The donor understands that this donation/gift will become the property of the Goose Creek CISD and will be under the jurisdiction of the school/department in accordance with board policy and administrative guidelines.

Additional Remarks

Revenue Account Code	Expenditure Account Code
826-00-5744-00-980-00-000	826-36-6499-00-980-99-000

Approved	Denied	Authorized Approver's Signature	Date

Cedeno, Pauline R

From: Espinoza, Anna M
Sent: Thursday, December 5, 2024 2:54 PM
To: Cedeno, Pauline R
Subject: Covestro Scholarships
Attachments: Covestro Charitable Request Form - 2024.pdf

Pauline,

Attached is the charitable donation request form for Covestro. We were approved to receive \$10,000 to be distributed through the local scholarship program, specifically for students entering the STEM field.

If you need any additional information from me, please let me know.

Thank you!



Dr. Anna Espinoza

Director, Education Foundation and Partnerships
Goose Creek CISD

Phone: 281-707-3610

Email: anna.espinoza@gccisd.net

www.gccisd.net/

Covestro LLC Charitable Request Form



Organization Information

**Please note that your organization name should match the name on your IRS W-9 form. Also indicate if your organization name differs from your business name.*

1. Organization Name:	Goose Creek CISD
2. Doing Business As: (if this is not applicable to your organization – put "N/A")	N/A
3. Tax ID Number:	74-6000251
4. Mailing Address: (must be physical address – no P.O. boxes)	
4544 Interstate 10 East Baytown, Texas 77521	
5. Is this a new address for your organization? (if yes, you will be required to attach a letter to your application stating this)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Organization's Main Phone Number:	281-420-4800
7. Organization's Website Address:	www.gccisd.net
8. What is your organization's mission statement? (not to exceed five sentences)	
<i>GCCISD develops and enhances each learner's intellectual, social, and emotional well being facilitated by the high qualified team committed to Growth, Community, Collaboration, Innovation, Success and Determination for all.</i>	
9. History of Organization – please provide brief summary: (not to exceed 150 words)	
<i>In February 1919, by special laws of Texas, Goose Creek Independent School District of Harris County was created. The GCCISD was carved out of the original Cedar Bayou Independent School District largely through the efforts of first superintendent J.F. Crawford. Passing the hat, the business district and generous gifts of time and talents by pioneer parents contributed various ways to the advancement of schools. "The sincerity of teachers and eagerness of students created the results."</i>	

10. Are there any Covestro LLC employees currently serving on your Board of Directors? If yes, list the Covestro employees name(s).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Application Information</p> <p><i>*Please note that the following documents are required to process your charitable request form:</i></p> <ul style="list-style-type: none"> <i>i. IRS 501(c)(3) Letter of Determination or Other Tax-Exempt Documentation</i> <i>ii. IRS W-9 form – ONLY October 2018 version of form will be accepted, and address MUST match the mailing address indicated on the application. Applications with incorrect forms will be rejected.</i> <i>iii. Program/Project Budget</i> <i>iv. Other Funding Sources</i> <i>v. Change of Address Letter (only if "New Address" was checked in the application)</i> <i>vi. If this is your first time submitting a charitable request form, please provide organization's automated clearinghouse (ACH) banking information on company letterhead:</i> <ul style="list-style-type: none"> <i>- Bank Routing Number</i> <i>- Account Number</i> <i>- Account Name</i> <i>- Bank Info (name and address)</i> 	
11. Please provide program/project name or brief statement on your concept (not to exceed 30 words): Covestro "Making the World a Better Place" scholarship is for students pursuing a Science, Technology, Engineering or Mathematics (S.T.E.M) degree.	
12. Local Covestro LLC Geographic Region:	<i>Baytown/Houston Texas</i>
13. Focus Area:	<i>Education and Workforces Department</i>
14. Request Statement: [Provide one-to-three sentence statement outlining the request including amount and term (over how many years, if multi-year) and what grant will support. Not to exceed 50 words]	
<i>Covestro has awarded 10 scholarships this past school year to Goose Creek CISD Students and would like to continue this partnership.</i>	
15. Program/Project Executive Summary – please provide a brief overview of your program/project including your goals and objectives and the outcomes you plan to achieve. Explain who the project serves, why it is important and how the funds will be spent. Not to exceed 750 words.	
<i>The scholarships will provide students with the necessary funds to completed degrees in the STEM fields. These Funds will be awarded to students from the senior class which will be chosen by Covestro's Scholarship Committee.</i>	
16. Requested Amount:	<i>\$10,000</i>
17. Total Program/Project Budget:	<i>\$10,000</i>

18. Term (in whole months):	12
19. Program/Project Start Date:	08/01/2024
20. Program/Project End Date:	07/31/2025
21. Has your organization received other support from Covestro, LLC during this calendar year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. If yes, please list type of support and amount:	
23. Will there be multiple organizations funding this program/project:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. If yes, please list organization name(s):	
<p>Contact Information *Organization primary contact includes Executive Director, President and/or CEO. Organization request contact include name of person completing this grant application on behalf of the requesting organization.</p>	
25. Primary Contact's Full Name:	<i>Dr. Anna Espinoza</i>
26. Title:	<i>Director of Education Foundation and Partnerships</i>
27. Office Phone:	<i>281-707-3610</i>
28. Extension (if applicable):	
29. E-mail Address:	<i>Anna.espinoza@gccisd.net</i>
30. Same as Organization Primary Contact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Request Contact's Full Name:	<i>Marisol Chavez</i>
32. Title:	<i>Department Secretary</i>
33. Office Phone:	<i>281-707-3830</i>
34. Extension (if applicable):	
35. E-mail Address:	<i>Marisol.chavez@gccisd.net</i>
36. Fiscal Sponsor Name: (if this is not applicable to your organization – put "N/A")	<i>N/A</i>
37. Fiscal Sponsor Address:	

38. Fiscal Sponsor Phone:	
39. Fiscal Sponsor E-mail:	
40. Date of Application:	
Conditions of Support <i>*Prior to submission of your request for support, the following conditions must be accepted</i>	
I. Announcing Support <ul style="list-style-type: none"> • Support may be reported by the company to the media and other third parties. • Recipient agrees not to use the name and logo of Covestro, LLC in any materials without prior written consent. 	
II. Expenditure of Funds <ul style="list-style-type: none"> • Recipient will use the support only for the purposes outlined in the application. • Recipient represents it is a charitable organization. • Recipient is solely responsible for expenditure and management of funds. • Any unexpected funds shall be returned to the company, or recipient shall use the unexpected funds as directed by the company. • No funds provided by the company shall be used for any political campaign. 	
III. Anti-Terrorist Compliance <ul style="list-style-type: none"> • Organization represents and commits that it will at all times comply with the Anti-Terrorist Financing Guidelines. 	
IV. Reports to the Company <ul style="list-style-type: none"> • If the program/project is canceled or delayed, the recipient shall advise the company promptly and in writing. 	
41. I accept the Conditions of Support Listed Above <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Signature: Dr. Anna Espinoza</i>
I understand that by submitting this application, I certify that I have reviewed, understood and am authorized to submit this application and accept the terms outlined above on behalf of the requesting organization. I also certify that to the best of my knowledge, the information that is provided in this application is true.	