



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)

RECEIVED

Date Form Completed: _____ December 19, 2024 _____

DEC 20 2024

Organization / Individual Making Donation: _____ Steady Photograpy _____

SUPERINTENDENT

Address: _____ 540 East Main Street, Unit 5 _____ Branford, CT 06405 _____

Phone #: _____ 203-488-5170 _____

Description of Donation / Gift and intended use: _____ Incentive for using this photographers services _____

Approximate Value: \$1,611.68 to be deposited in Jeffrey's student activity account # 6500765791 at M&T Bank

Recipient(s) name: _____ Jeffrey Elementary School _____

Acknowledgements: (optional)

In honor/memory of: _____

Acknowledgement Contact: _____ John Steady _____

Acknowledgement Address: _____ 540 East Main Street, Unit 5 _____ Branford, CT 06405 _____

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: _____ Becky Frost, Principal _____ *Becky Frost*

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

If yes, please explain conditions: _____

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]* _____

Signature Date

Accepted by Board of Education on: _____ *10/24/24* _____

Date