

NAVARRO INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR DONATION

Donor Name: The Overall Graduation Office (Herff Jones)

Address: 10115 Broadway, SA 78217

Phone: 210 460 6499 (off)

Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding donation:

Name: Matt Grochett

Address: Same

Home Phone: N/A Cell Phone: 830 832 0060

Description, value and purpose of the donation: Staff Shirts 5427
\$1,628.03

Life of donation: 1+ yrs

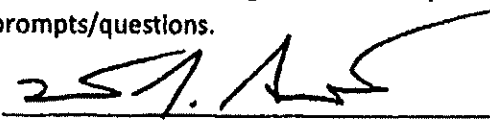
Provisions or restrictions placed on the donation: N/A

Terms and conditions for return of the donation to the donor if the donation has any time or use limitations:

Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period:

Donor comments, instructions and/or requests regarding the proposed donation:

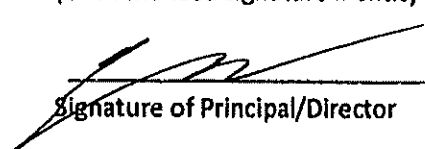
The signature of the donor indicates that he/she has conferenced with the campus principal and/or Superintendent's designee and has provided the information reflected in the responses to the prompts/questions.



Signature of Donor
(or authorized signature if entity has a governing board)

8/3/26

Date



Signature of Principal/Director

8/4/26

Date

.....
THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District policies, philosophies or current plans or purposes? ~~YES~~ ^{NO} NO

Does the donation create costs to the District that are unreasonable or unsupportable? YES NO

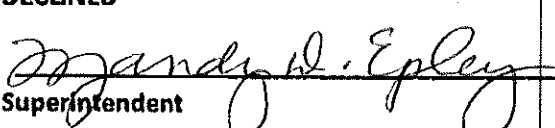
Does the donation create a restriction on any other school or District program that is inconsistent with District policies, philosophies, or current or future plans or purposes? YES NO

Does the donation create a conflict with public law? YES NO

Final Disposition:

APPROVED

DECLINED



Superintendent

Aug. 7, 2026

Date