Navarro ISD 094903 OTHER REVENUES GRANTS FROM PRIVATE SOURCES

CDC (EXHIBIT)

## NAVARRO INDEPENDENT SCHOOL DISTRICT APPLICATION FOR DONATION

Donor Name:	Wilfred Bartoskewitz		
Address:	390 Cordova Road, Seguin Tx 78155		
Phone:	830-379-1122		

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

Name:	Wilfred	Bartoskewitz	
Name:	vviired	Dartoskewitz	

Address:	390 Cordova Road, Seguin Tx 78155			
Home Phone:	830-379-1122	Cell Phone:	4. B	

Description, value and purpose of the donation: \$1,000 Monetary donation to Navarro ISD for use as needed.

Life of donation: Until all funds are used - no time expiration.

Provisions or restrictions placed on the donation: none

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: none

Donor comments,	instructions a	nd/or requests	regarding the propo	sed donation:
To be used by	/ Navarro ISD	as needed.		and the second sec

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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.

Wilfred Bartoskewic Signature of Donor

07/15/2025

Date

(or authorized signature if entity has a governing board)

Signature of Principal/Director

Date

THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District YES policies, philosophies or current plans or purposes?

Does the donation create costs to the District that are unreasonable or YES unsupportable?

Does the donation create a restriction on any other school or District program that YES is inconsistent with District policies, philosophies, or current or future plans or purposes?

Does the donation create a conflict with public law?

NO NO

**Final Disposition:** 

APPROVED

DECLINED

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Date

YES

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