Date 4/18/23 Donation to school/location wende Oliver Detailed description of the gift Estimated/actual gift value 1150 Intended use in courtyard for How will the gift impact the district? Please check the following items that apply and provide a brief description of the impact the gift will have on the district. Professional development or staff training ____ Equity across all schools Installation and/or construction work ____ District-curriculum Coordination of scheduling work ____ Ongoing maintenance/replacement District and/or school computer network ____ Ongoing financial or staff support Hire additional staff \(\sqrt{Other} \) Outside vendor required? Yes District performing the work? Yes 160 Donation timeline once donation is Donor (name and address) Principal/Administrator Signature Date Principal/Addinistrator / Please use the space below to provide your reason/rationale for either approving or denying the proposed donation. IMITED For Internal Use Only Superintendent Approval Yes No Board Approval Needed Yes No Work Session Agenda Date ____ Board Approval Date Donor Notification Date___ Superintendent Signature Date Administrator Signature Date (if applicable)

Gift Acceptance Form