RECEIVED

SEP 26 2025

SUPERINTENDENT

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)

Date Form Completed: _____September 23, 2025_____

Organization / Individual Making Donation: ____Jeffrey / Neck River School PTO_____

Address: _c/o 180 Mungertown Road, Madison, CT 06443__ Phone #: ____203-245-6460_____

Description of Donation / Gift and intended use: ____to fund field trips _____
Approximate Value: __$9,000.00_____to be deposited in Neck River Field Trip Donation Account DO181NF-59003_____

Recipient(s) name: _Neck River Elementary School_____
Acknowledgements: (optional)

In honor/memory of: _____
AcknowledgementContact:_____Jeffrey / Neck River School PTO_____
Acknowledgement Address: _c/o 180 Mungertown Road, Madison, CT 06443_____

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: R L Frost / Becky Frost, Principal_____

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

If yes, please explain conditions: **To pay for field trip costs at Neck River Elementary School**

Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? Yes No

If yes, who is responsible for the costs? __Cost included in donation amount._____

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 Date

Accepted by Board of Education on: _____
Date

Revised August 2023