

Oak Park Elementary School District 97
Gift Acceptance Form

Date _____

Donation to school/location _____

Detailed description of the gift

Estimated/actual gift value _____

Intended use

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.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Professional development or staff training | <input type="checkbox"/> Equity across all schools |
| <input type="checkbox"/> Installation and/or construction work | <input type="checkbox"/> District-curriculum |
| <input type="checkbox"/> Coordination of scheduling work | <input type="checkbox"/> Ongoing maintenance/replacement |
| <input type="checkbox"/> District and/or school computer network | <input type="checkbox"/> Ongoing financial or staff support |

Outside vendor required Yes ☐ No ☐

District performing the work Yes ☐ No ☐

Donation timeline

Principal/Administrator Signature

Date

Principal/Administrator – Please use the space below to provide your reason/rationale for either approving or denying the proposed donation.

For Internal Use Only

Superintendent Approval	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Board Approval Needed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Work Session Agenda Date _____

Board Approval Date _____

Donor Notification _____

Superintendent Signature

Date

Administrator Signature
(if applicable)

Date