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AUG 2 1 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 douation 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 nieet 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 August 20, 2025
Organization Individual Making Donation: DHHS Boys Soccer Boosters
Address 28 Timber Ridge Road, Madison, CT 06443
Phone # 2 3 3 5 17 9
Description of Donation & Gift and intended use: Long Sleeved Jerseys
Approximate Value \$2,500
Recipient(s) name Varsity Boys Soccer Team
Acknowledgements (optional)
In honor memory of
Acknowledgement Contact
Acknowledgement Address.
This request cannot be acted up on before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this eight. Please provide the name/signature of the person who was consulted. Signature of Person Consulted
Are there conditions of use attached to the gift donation. Yes V No
If yes, please explain conditions
Are there installation, site preparation, labor, or equipment costs needed for installation, etc.? Yes No
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 Signature
Accepted by Board of Education on

Remark the Oct 1023