

Spring Branch ISD  
101920

OTHER REVENUES:  
GRANTS FROM PRIVATE SOURCES

CDC  
(EXHIBIT A)

### Request for Acceptance of Gift

1. School: \_\_\_\_\_

2. Board Policy: CDC (LOCAL)

3. Description of Gift: \_\_\_\_\_

4. Donor:

Name of Donor/Company/Foundation: \_\_\_\_\_

Attention (please supply name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Where and how will this gift be used: \_\_\_\_\_

6. Estimated value (as set by donor): \_\_\_\_\_

7. Cost to district (example: pick up, installation, and maintenance): \_\_\_\_\_

8. Principal/department head responsible for adding item to property management inventory system, if applicable: \_\_\_\_\_

Acceptance recommended: \_\_\_\_\_  
(Principal or Department Head signature)

Date approved by Board of Trustees: (if \$5,000 or more) \_\_\_\_\_

Property Management Control No.: (if applicable) \_\_\_\_\_

In compliance with the Omnibus Budget Reconciliation Act of 1993, this acknowledges the contributions and advises that the district provided no goods or services in consideration, in whole or in part, for any of the contributions described above.

Copy provided to Donor