

Geary County Schools USD 475 Request to Accept Gifts/Donations

(Any individual item exceeding \$100 in value) (All equipment must receive Central Office approval) (All supplies exceeding \$100 in value must receive Central Office approval)

Name of Person Receiving Gift:		
Building Name and Immediate Supervisor:		
me or Organization Providing the Gift:		
pose of the Gift:		
Value of the Gift (estimate if necessary):		
Matching Requirement (if any):		
Ongoing Operating Cost (if any):		
Major Costs of the Project (briefly describe all expenditur	es and provide approximate dollar amounts):	
Installation or Maintenance Support (if any):		
Donor Name:		
Donor Address:		
Donor Phone:		
Reviewed by:	Date:	
Building Administrator		
Reviewed by:Superintendent	Date:	
Reviewed by: BOE (if over \$5,000)	Date:	
Email to tinakausler@usd475.org		
Complete next section only if gift is over \$5,000.		
Adapted August 4, 2014		

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<mark>Gifts <u>over</u> \$5,000</mark>

Nature of Gift	Description and dollar amount
New Staff (if project will create one or more new	
staff positions)	
Personnel (additional pay for current staff)	
Equipment or technology	
Supplies, resources, or materials, including software	
Staff development (including fees, travel, lodging,	
etc.)	
Facilities renovations or other construction	
(buildings or grounds)	
Other	

Screening Committee review of gifts as required by Board Policy KH (member's names)

Please describe the gift and it importance to the education program or mission for the school. Please describe the project below, including staff involved, timeline, goals and objectives, and any other information that indicates why the project is necessary and how it will be successful.

Please describe any related costs that the building and/or district would have to pay resulting from the gift.