

Acceptance of Donation of Technology or Equipment

I wish to donate a (please specify what kind of technology or equipment)		Date
Donation Made To (Campus / Department / Organization) Name		
Purpose of Donation		
Donor Type <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit		Donor FEIN/EIN
Non-Profit Organizations, attach a copy of 501(c)(3) Tax Exemption Letter Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____		
Donor Name or Contact Name		
Donor Company / Organization (if applicable)		
Donor Mailing Address (Street or P.O. Box, City, State, and Zip Code)		
Donor Phone Number	Email	
Equipment (Attach a detailed list of all technology or equipment; i.e., product name, type, description, model #, specifications, drawings, ADA compliant and accessibility specs, and warranty information, if applicable.) List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____		
Installation of Equipment (The District requests Professional Installation of all technology & equipment and accessories.) Provide vendor information below: Company: _____ Telephone #: _____ Contact Name: _____ Email: _____		
Location of Installation (Attach construction drawings, plans, campus maps, or pictures that detail the location of all equipment installations on property.) Drawings/Plans Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____		
ACKNOWLEDGEMENT		
All statements in this document are true and correct to the best of my knowledge and belief; and I am eligible for said donation (as applicable).		
_____ Signature of Donor	_____ Printed Name (Same as Signature)	_____ Date
_____ Signature of Additional Donor	_____ Printed Name (Same as Signature)	_____ Date
_____(initials) Disclaimer: I understand all technology, equipment, and accessories must be of commercial quality, installed professionally, and approved by the District prior to purchase and/or installation.		
_____(initials) Disclaimer: I understand all donations are subject to review and approval by the District. I understand, the decision for which donations are eligible for receipt are based upon many factors and must meet the criteria for acceptance as outlined in Board Policy. FWISD will notify the donor(s) of a final acceptance or denial of said donation.		



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ADMINISTRATION APPROVALS

Donation Approved: Yes No

Signature (Principal)

Date

Comments:

Donation Approved: Yes No

Signature (Deputy Superintendent Learning & Leading)

Date

Comments:

Donation Approved: Yes No

Signature (Chief Operations Officer)

Date

Comments:

Donation Approved: Yes No

Signature (Risk Management)

Date

Comments:

Donation Approved: Yes No

Signature (Executive Director Grants)

Date

Comments:

Donation Approved: Yes No

Signature (Chief Financial Officer)

Date

Comments:

BUSINESS OFFICE USE ONLY

Notification Ltr Mailed/Emailed (Date): _____