



SOUTH BEND COMMUNITY SCHOOL CORPORATION

Sponsorship or Donation Request

This form is to be used to request approval for SBCSC to sponsor an event or to donate to a business or entity. Donations shall not be made to individual persons.

Business Name/Entity: _____

Business Address: _____

Business Phone # _____ Business Email: _____

Contact Name: _____

Event Name: _____

Purpose of Event/Donation: _____

Date of Event (if applicable): _____ # of Seats: _____

Amount of Sponsorship/Donation: \$ _____ Fund Line to Pay From: _____

How Does the Sponsorship/Donation Benefit SBCSC? _____

List All Known Relationships between the Business/Entity and any SBCSC Employee or Board Member: _____

Requestor Name: _____ Requestor Number: _____

Requestor Location/Department: _____

By signing below, I certify that the information contained herein is true and accurate. I certify that there is no known conflict of interest between myself and this business/entity or SBCSC and this business/entity. I certify that I have no financial interest in the event/business.

Requestor Signature: _____ Date: _____

*******APPROVALS*******

Based on the information contained herein, my signature below indicates my approval of this donation or sponsorship.

Chief Financial Officer Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

School Board Docket/Approval Date: _____ (attach copy of docket)

DIRECTIONS: After the form is completed and approved by the CFO and Superintendent, email a copy of the form to the Superintendent's Executive Assistant to have it added to the next available Board Docket. Once approved by the Board Executive Assistant will attach the docket and send packet to Requestor and the Auditor. Requestor can then initiate the Purchase Order process.