

**Series 3000: Operations, Finance, and Property**

**3300 Facilities, Real, and Personal Property**

**3303-F Gifts and Donations Form**

The Board of Education recognizes and appreciates the generosity and support it receives from individuals, companies, Parent support groups, the community, and other donors (“Donors”).

The District is a tax-exempt organization that may receive charitable contributions under Internal Revenue Service (IRS) Code Section 170(c)(1). The District is not a tax-exempt organization under Section 501(c)(3). For additional information on deductions related to a donation (“Donation”) or charitable contribution, Donors are encouraged to consult with a tax professional. Donations to the District shall be treated as public funds to be used for a public and educational purpose in accordance with state and federal law. Click or tap here to enter text.

**Donor Information**

Name of Donor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the Donor is an internal support group operating within the District as described under Policy 3106, please provide the following information, if applicable:

Describe student group or club, activity, or event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Donation Information**

School building associated with Donation: \_\_\_\_\_  
*Insert "district-wide" if not associated with a particular school building.*

Please indicate type of Donation and complete the appropriate section that follows.

- Cash Donation
- Real Property
- Personal Property (e.g., equipment, supplies)
- Other (e.g., services, capital projects, or other construction):

**Cash or Monetary Donation:**

Amount of Donation: \$ \_\_\_\_\_

*Do not attach checks to this Form. The District will provide notification of acceptance or, if unable to accept, notification of the reason for non-acceptance.*

**Personal Property:**

Description of Personal Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated fair market value: \* \$ \_\_\_\_\_

**Real Property and Capital Projects:**

Description of Real Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated fair market value: \* \$ \_\_\_\_\_

*Pursuant to Policy 3303, donations of real property require approval by the Board of Education. The Superintendent or designee will contact Donors desiring to gift real property or complete capital projects for additional documentation as identified in Policy 3303.*

**Other:**

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\* For specific information related to valuation, see IRS Publication 561, *Determining the Value of Donated Property*.

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**Donation Purpose**

Is the gift or donation for a specific purpose?  Yes  No

If yes, please describe the specific purpose (e.g., the District building, event or student club) as well as any other related details:

\_\_\_\_\_

\_\_\_\_\_

Is the Donation for the purchase of a gift or an award for recognition (e.g., volunteer services, student achievement, staff appreciation)?  Yes  No

If yes, please describe the purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any other terms, conditions, or restrictions apply to the Donation?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing this form, I understand and agree that:**

The information provided is complete and accurate to the best of my knowledge and belief. I acknowledge that I have read and understand Board Policy 3303, Gifts and Donations, and understand that accepted Donations become public funds of the District unless a specific exception applies under law. Donor acknowledges that the District shall not be accountable to replace Donations that are lost, destroyed, or become obsolete. I further represent that I am an authorized representative of the Donor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title or Position (if Donor is other than an individual): \_\_\_\_\_

| For Internal Use   |                 |
|--|-----------------|
| <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted  | Date<br>: _____ |
| Signature of Superintendent or Designee: _____   |                 |
| <input type="checkbox"/> Donor Contacted by: _____<br><span style="display: block; text-align: right;"><i>staff member name</i></span> |                 |
| Date: _____  |                 |
| If approved by Board, date of Board meeting: _____   |                 |

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