



# Request for Acceptance of Donation of Playground Equipment

I wish to donate a (please check all that apply) <input type="checkbox"/> Playground Equipment <input type="checkbox"/> Playground Border <input type="checkbox"/> Playground Surface <input type="checkbox"/> Shade Structures <input type="checkbox"/> Other: _____	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:  Yes  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 _____
--------------------------	-------------

**Playground Equipment** (Attach a detailed list of all playground equipment; i.e., product name, type, description, model #, specifications, drawings, ADA compliant and accessibility specs, and warranty information.)  
 List Attached:  Yes  No If no, please explain: \_\_\_\_\_

**Playground Border** (Attach a detailed list of playground borders, ramps, & accessories i.e., product name, type, description, model #, specifications, drawings, ADA compliant and accessibility specs, and warranty information.)  
 List Attached:  Yes  No If no, please explain: \_\_\_\_\_

**Playground Surface** (Attach a detailed list of surface types i.e., product name, type, description, model #, specifications, drawings, ADA compliant and accessibility specs, and warranty information.)  
 List Attached:  Yes  No If no, please explain: \_\_\_\_\_

**Shade Structures** (Attach a detailed list of shade structure equipment/accessories; i.e., product name, type, description, model #, specifications, drawings, and warranty information.)  
 List Attached:  Yes  No If no, please explain: \_\_\_\_\_

**Other** (Attach a detailed list of other equipment/accessories; i.e., product name, type, description, model #, specifications, drawings, warranty information.)  
 List Attached:  Yes  No If no, please explain: \_\_\_\_\_

**Installation of Equipment** (The District requests Professional Installation of all playground 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:  Yes  No If no, please explain: \_\_\_\_\_

<b>ACKNOWLEDGEMENT</b>		
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) <b>Disclaimer: I understand all playground equipment and accessories must be of commercial quality, installed professionally, and approved by the District prior to purchase and/or installation.</b>		
_____(initials) <b>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 CDC(LOCAL). EMS ISD will notify the donor(s) of a final acceptance or denial of said donation.</b>		

**ADMINISTRATION APPROVALS ON PAGE 2**

**ADMINISTRATION APPROVALS**

Donation Approved:  Yes  No

\_\_\_\_\_

Signature (Principal or Department Administrator)

\_\_\_\_\_

Date

Comments:

Donation Approved:  Yes  No

\_\_\_\_\_

Signature (Director of Operations)

\_\_\_\_\_

Date

Comments:

Donation Approved:  Yes  No

\_\_\_\_\_

Signature (Chief Operations Officer)

\_\_\_\_\_

Date

Comments:

Donation Approved:  Yes  No

\_\_\_\_\_

Signature (Chief Financial Officer)

\_\_\_\_\_

Date

Comments:

*(If Required)*

Donation Approved:  Yes  No

\_\_\_\_\_

Signature (Superintendent)

\_\_\_\_\_

Date

Comments:

**BUSINESS OFFICE USE ONLY**

Board Approved (Date): \_\_\_\_\_

Notification Ltr Mailed (Date): \_\_\_\_\_