



220918

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: _____

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 playground 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 CDC(LOCAL). EMS ISD will notify the donor(s) of a final acceptance or denial of said donation.**

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): _____