



# Gift/Donation Form for Items Valued More Than \$5,000

Date: \_\_\_\_\_ Name of School/Department: \_\_\_\_\_

Item(s) Donated: \_\_\_\_\_

Estimated Fair Market Value: \_\_\_\_\_

Intended Use for Items (please attach additional documentation if necessary): \_\_\_\_\_

Plans for Replacement of Items/Avoidance of Additional District Resources to Maintain Items (please attach additional documentation if necessary): \_\_\_\_\_

**I accept this donation based on the following criteria:**

- Has a purpose consistent with the goals and objectives of the district
- Is offered by a donor acceptable to the Board of Education
- Not add to staff workload if that work is beyond the normal expected job duties
- Not begin a program that the superintendent is unwilling to take over when the gift or donation is gone
- Not bring undesirable or hidden costs to the district
- Be instructionally appropriate
- Not create conflict with any provision of federal or state statute or regulation or with Board of Education policy

\_\_\_\_\_  
Signature of Teacher/Employee

\_\_\_\_\_  
Printed Name of Teacher/Employee

\_\_\_\_\_  
Signature of Principal/Department Director

\_\_\_\_\_  
Printed Name of Principal/Department Director

\_\_\_\_\_  
Signature of Appropriate Cabinet Team Member

\_\_\_\_\_  
Printed Name of Appropriate Cabinet Team Member

**The appropriate signatures below are needed if the gift or donation requires additional resources from the district:**

\_\_\_\_\_  
Signature of Chief Financial Officer

Reviewed

Approved

\_\_\_\_\_  
Signature of Chief Operations Officer

Reviewed

Approved

\_\_\_\_\_  
Signature of Director of Risk Management

Reviewed

Approved

**Approved by:**

**Approved by the APS Board of Education on:**

\_\_\_\_\_  
Superintendent  
APS

\_\_\_\_\_  
President  
APS Board of Education

\_\_\_\_\_  
Secretary  
APS Board of Education