

FALLBROOK UNION HIGH SCHOOL DISTRICT
Request for Acceptance of Gift of Cash

PART 1

Date: _____

TO: Brenda Mefford, Chief Business Officer,
 FROM: FUHSD (Title)

We have received a request to accept a gift of cash with the following particulars:

Amount: _____

Donor: _____

Address: _____

If accepted, this gift should be deposited into the following account:

District Acct # _____ **(Attach original check to form)**

ASB Acct #: _____ **(Attach copy of check & send original check to ASB)**
 (If more than one account, attach additional sheets. Indicate full account #'s & amounts.)

CASH _____ **(Attach copy of cash receipt issued by ASB or District Office)**

This gift of cash, if accepted, is to be used for the following purposes: _____

Our recommendation and justification for acceptance (e.g., supports specific course of study, existing curriculum, programs): _____

Signature of Evaluator _____

Evaluation Criteria	Yes(Y) No (N)
Purpose consistent with those of FUHSD	Y
Adversely adds to staff load	N
Creates or continues a program that will extend beyond available funding	N
Places restrictions on the school program	N
Inappropriate or harmful to the best education of students	N
Recommend acceptance	Y

PART 2

TO: Accounting Maintenance/Operations
 Computer Services Date _____

FROM: Chief Business Officer

Please evaluate the proposed gift(s) for acceptance by the Board of Trustees and indicate in the space provided your recommendation according to the following criteria:

1. Is this gift offered by a donor acceptable to the Board of Trustees and within its policy (Accounting)? (yes-no-n/a)
2. Would the acceptance of this gift bring undesirable or hidden costs to the district (Accounting)? (yes-no-n/a)
3. Would the acceptance of this gift be in conflict with any provision of the school code or public law (Accounting)? (yes-no-n/a)
4. Does this gift impose a maintenance burden on the district (M/O)? (yes-no-n/a)
5. Is the gift compatible with the technology plan of the district (Computer Services)? (yes-no-n/a)
6. Does this gift impose a maintenance burden on computer services (Computer Services)? (yes-no-n/a)

RECOMMENDATIONS:

Accounting: Accept Decline Signature: _____

Maintenance/Operations: Accept Decline Signature: _____

Computer Services: Accept Decline Signature: _____

PART 3

TO: Superintendent
 FROM: Chief Business Officer

Date _____

We have received the gift(s) listed above, which has been evaluated by the appropriate departments as indicated and will be presented to the Board with a recommendation for acceptance.

Chief Business Officer _____

Form-Donation1—9/2019

DATE SUBMITTED TO BOARD _____