LAKE TRAVIS INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR DONATION

Donor name: ____________________________________________________________

Address: __________________________________________________________________

Phone: ___________________________________________________________________

Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding the donation:

Name: ___________________________________________________________________

Address: __________________________________________________________________

Home phone: ______________________ Cell phone: __________________________

If the donation is made by an entity with a governing board, a letter from the entity authorizing consent to donate must be included in the application.

Description, value, and purpose of the donation:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Life of donation:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Provisions or restrictions placed on the donation:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Terms and conditions for return of the donation to the donor if the donation has any time or use limitations:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

DATE ISSUED: 5/25/2017
LDU 2016.02
CDC(EXHIBIT)-X
Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period:

Donor comments, instructions, and/or requests regarding the proposed donation:

The signature of the donor indicates that he or she has conferenced with the campus principal and/or Superintendent’s designee and has provided the information reflected in the responses to the prompts/questions.

Signature of donor  Date
(or authorized signature if entity has a governing board)

Signature of principal/director  Date

Signature of facilities designee  Date

Signature of technology designee  Date

This section to be completed by the Superintendent or designee

Does the donation create a program or condition that is inconsistent with District policies, philosophies, or current or future plans or purposes?  □ Yes  □ No

Does the donation create costs to the District that are unreasonable or unsupportable?  □ Yes  □ No

Does the donation create a restriction on any other school or District program that is inconsistent with District policies, philosophies, or current or future plans or purposes?  □ Yes  □ No

Does the donation create a conflict with public law?  □ Yes  □ No

Does this donation add a permanent and/or temporary structure to District property?  □ Yes  □ No
Comments/Review of proposal
(To be completed by Superintendent's designee)

Final disposition:

☐ Approved
☐ Declined

______________________________  __________________________
Superintendent/Designee        Date