**School District of Holmen**

**Grants/Gifts Acceptance Form**

It is necessary to know the nature of the grant/gift/contribution/donation (Gift) to properly evaluate appropriateness of application or acceptance. The questions below are intended to promote an objective evaluation of grant/gift funding before Gift application is made. Resources made available through a Gift can be helpful to the District in reaching its objectives. At the same time, it is only responsible to evaluate the total impact of a Gift before applying for or accepting Gifts. See Board Policy 657. This form must be completed, including signatures below, prior to pursuing or implying acceptance of the Gift.

This form does not need to be completed for Gifts of less than $500, unless the Gift includes payment of wages to employees, or the Gift includes any type of technology hardware, software, online, or network resources.

In the space provided below, provide a general description of the Gift dollars, including but not limited to:

1. Source of the Gift dollars
2. Anticipated amount of the Gift dollars
3. Describe any restrictions or limitations placed on the Gift by the awarding party
4. Are there District activities that must precede receiving the Gift dollars
5. When will the Gift dollars be received by the District
6. The building/program receiving the Gift
7. What items/services will be purchased with the Gift dollars
8. The group that will be most benefited by the purchase
9. The benefit realized by the use of the Gift dollars

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Answer the questions below. A “Yes” or “No” response does not mean the Gift is deemed acceptable or unacceptable. The questions are intended to create a more complete understanding of the impact of the Gift, so that the best decision can be made on accepting or denying the Gift.

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| **Factors to Consider in Applying for or Acceptance** | | |
| **Questions for all Grants/Gifts** | | |
| Yes | No | 1. Does the Gift require a binding commitment to a certain vendor, product source, or any other type of commitment that would be inconsistent with future open market purchasing?  If yes, describe the commitment.   |  | | --- | |  | |  | |  | |  | |
| Yes | No | 2. Does the Gift award create a current financial obligation for the District (indirect cost of: technology support staff, business office staff or maintenance staff, maintenance, facility improvements/ modifications, consumable supplies, utilities, unemployment compensation, matching funds, insurance, staff development/training, etc.)?  If yes, describe the nature of the obligation, including the monetary impact to the budget.   |  | | --- | |  | |  | |  | |  | |
| Yes | No | 3. Does the Gift award create a future financial obligation of financial resources of the District (seed money to start a program that we have no future capacity to maintain, ongoing maintenance of equipment, a service contract, consumable supplies, etc.)?  If yes, describe the amount and duration of the monetary impact to the budget.   |  | | --- | |  | |  | |  | |  | |
| Yes | No | 4. Does the Gift award promote equity or inequity in equipment, materials or services available to stakeholders and/or customers?  Describe any equity or inequity being created. If inequity is created, identify potential resolutions.   |  | | --- | |  | |  | |  | |  | |
| **Questions for grants of $2,500 or more** | | |
| Yes | No | 5. Does the Gift award align with curriculum and/or meet program needs?  If yes, identify the specific curriculum and/or program need being met.   |  | | --- | |  | |  | |  | |  | |
| Yes | No | 6. Does the Gift award involve technology (hardware, software, online or network resources) that is consistent with the current information and technology plan and District technology purchasing and inventorying guidelines?  If no, identify the specific technology need being met.   |  | | --- | |  | |  | |  | |  | |

The signatures below represent a commitment to the following by the signing staff member and supervisor:

* I will provide a copy of the application, approval, and other related Gift information to the business office in a timely manner.
* I understand that, at the discretion of the District Administrator, any Gift over $2,500 and related to technology is subject to review by the Director of I&T Services prior to pursuing or implying acceptance.
* I understand that, at the discretion of the District Administrator, any Gift over $2,500 and related to buildings and grounds is subject to review by the Supervisor of Buildings and Grounds prior to pursuing or implying acceptance.
* I understand and accept responsibility for the Gift parameters, eligible expenses, revisions or claims timelines.
* I understand and will accept responsibility for providing, on a timely basis, any and all additional documentation and necessary support for reporting to the District Business Office, including, but not limited to the District’s annual audit/fixed-assets inventory/grant/gift review process.
* I understand that if the Gift will be used for staff wages, I will complete and provide the District Business Office with Personal Activity Reports that comply with Federal and State guidelines.

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| Staff Member’s Supervisor – enter Gift Account Receipt Code below   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

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**Signature of Staff Member Applying for Gift Date Signature of Staff Member’s Supervisor Date**

(Administrator/Supervisor Required)

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**Signature of District Administrator Date Signature of Supervisor of Buildings & Grounds Date**

(For Gifts of $2,500 or more) (For Buildings and Grounds Support Related Gifts/Grants)