



LEMOORE UNION HIGH SCHOOL DISTRICT

5 Powell Ave., Lemoore CA, 93245

To: Lemoore Union High School District Board of Trustees
From: Mark Howard
Date: May 9, 2019
Subject: Donation

Background:

Donations in excess of \$1,000 must be approved by the Board of Trustees. A student in the LHS Passport Program (18-22 Adult Transition Program) donated more than \$1,000 of new kitchen supplies to support the Independent Living Skills class.

Financial Impact:

None.

Recommendation:

Accept the Donation.

Donation (Cash/Property) to the Lemoore Union High School District

Completion of this form is required prior to the district's consideration of a proposed donation to the Lemoore Union High School District schools. This form is to be completed in its entirety and submitted to the principal or Superintendent prior to receipt of any donated goods, services, or funds. Donations valued in excess of \$1,000 must be approved by the Board of Trustees.

Date Form Completed: 4-10-19

Organization/Individual Making Donation: Melony Garfield

Address: 16585 Thomas Rd. City/State/Zip: Lemoore, CA 93245

Daytime Phone: (559) 960-5730

Description of Donation/Gift: Kitchen Supplies Approx Value: \$939.53 + tax

Recipient(s) of Donation (school, athletics program, etc.): Passport Program (18-22

Adult transition Program) 08.11
1007.65

How will this gift be used? Independent living Skills practice in classroom kitchen.

Acknowledgements: (optional)

In honor of: _____ In memory of: _____

Acknowledgement Contact Name: _____

Address: _____ City/State/Zip: _____

Are there conditions of use attached to the gift? Yes: _____ No: X

If yes, please explain conditions: _____

Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc?

Yes: _____ No: X If yes, please explain who will be responsible for these costs? _____

This request cannot be acted upon before the building Principal or Superintendent has been consulted concerning this gift. Please provide the name of the person with whom you consulted.

Name of the person with whom you consulted: Kris Saavedra

Signature of Person Consulted: [Signature]

Signature of the Donor: Melony G.

For District Office Use Only

Accepted by Superintendent: _____ Date: _____

Accepted by Board of Trustees on: _____