



Project Name/ID _____

Capital Improvement Donation Pre-Solicitation Check List

FORM 1 OF 4

GCS retains the right to reject fundraising proposals for capital projects that may interfere with district fundraising priorities and initiatives/campaigns. (For additional guidance, contact the Superintendent and/or his/her designee.)

Please provide the following:

Funder Representative Name: _____

Funder Representative Address: _____

Funder Representative E-mail: _____

Funder Representative Phone: _____

	Yes	No	Comments
Funder representative has met with the principal of the impacted school and submitted a written proposal for his/her review and approval. (Written proposal shall be attached by Funder to this document.)	<input type="checkbox"/>	<input type="checkbox"/>	
Principal has reviewed the written proposal and accepts the fundraising proposal.	<input type="checkbox"/>	<input type="checkbox"/>	
The Superintendent and/or his/her designee accept the fundraising proposal based on the Principal's recommendation and information provided in the written proposal.	<input type="checkbox"/>	<input type="checkbox"/>	



Project Name/ID _____

**Capital Improvement Donation
Pre-Solicitation Check List**

FORM 1 OF 4

Funder Representative:

(Print Name)

(Signature)

(Date)

Principal:

(Print Name)

(Signature)

(Date)

Superintendent or Designee:

(Print Name)

(Signature)

(Date)