**Somerset Public Schools** 



Somerset Berkley Regional School District

## Donated by Outside Agencies Facility/Grounds Improvement

Thank you for your interest in making a donation. This form must be completed by the agency representative and approved by administration before any improvements can start

Date:	
School:	Location: (i.e. room#)
Agency Donating Item:	
Contact Information for Age	ncy (phone number and/or email address):
Description of item(s) to be I	Donated and Estimated Cost of Donation:
Does this item require a bid?	·
Scope of Work:	
Is there anticipated annual o	operating cost? (Yes/No)
If so what is the estimated c	ost?
Estimated Useful Life of Don	ation:
Expected Start Date:	Expected Completion Date:
	Signatures of Approval:
Principal:	
	nds (if applicable):
	plicable):
	ce:
Superintendent:	Date: