

DATE: August 8, 2019

TYPE OF AGENDA ITEM: **CONSENT**

TO: Stella M. Kemp Ed.D., Superintendent

FROM: Eric Dill, Chief Business Official

PREPARED BY: Debbie Jones, Director of Fiscal Services

SUBJECT: Approval of donation SCUSD for the
Independence Network Program (SCAE)

ADMINISTRATIVE SUMMARY:

The Independence Network Program (Santa Clara Adult Education), received a donation of \$30,000 from the Friends of Independence Network (FINS). Independence Network (IN) is an educational program serving adults with disabilities. The funds will be put towards the operating cost of the program.

RECOMMENDATION:

Staff recommends approval of donation.

FINANCIAL IMPACT:

There will be no financial impact.

Adult Education

Santa Clara Unified School District

Brenda Carrillo, Ed.D.
Director

1840 Benton Street • Santa Clara, California 95050 • 408.423.3500 • Fax 408.423.3580

August 8, 2019

Dear Stella Kemp, Ed.D., Superintendent

The Independence Network Program (Santa Clara Adult Education), received a donation of \$30,000 from the Friends of Independence Network (FINS). Independence Network (IN) is an educational program serving adults with disabilities. The funds will be put towards the operating cost of the program.

As the Director of Ed Options, I approve this donation.

Sincerely,



Brenda Carrillo, Ed.D.
Director, Ed Options

Donation Summary for Board of Trustee Action – Please Complete for each Donation of \$1,000 or more.

Current Date: July 16, 2019 Requested Board Meeting Date: August 8, 2019
Site/Department/Location: Adult Education - Independence Network (IN)
Administrator Responsible for the Donation (also please sign below): Carrie Casto

Donor Name, Address and Contact Person:
Friends of Independence Network Students
(FINS) Contact: Joan Forte, Fortejoan@icloud.com

Summary Description of the Donation (include all use restrictions); attach additional narrative as needed: Monetary donation of \$30,000.

The Independence Network Program serves adults with a wide range of disabilities. The goal of the program in collaboration with FINS is a financially stable, continuously improving educational & vocational setting for the students.

Describe the type of Donation (Cash, Equipment, Services, etc.):

Check # 10910

Donation Amount: \$30,000

Donation Time Period (if limited): _____

Signature of Responsible Administrator:

Carrie Casto

Carrie Casto

Print Name (if different than above)

Signature

Note: Attach all relevant paperwork from the donor (letter, contract, email, etc.). Submit this form, all attachments and a completed Administrative Summary to Business Services.

Received and Reviewed by Business Services:

Debbie Jones Debbie Jones 7/25/19

Print Name

Signature

Date

Verified Board Approval (circle one): YES NO

Revised: 3-11-14