Application Form – Donation (In-kind)

Notice of Collection

The Toronto District School Board (the "TDSB") collects, uses, retains, and shares personal information for the purposes of planning, administering, and delivering its educational programs and services. The purpose of this collection is to permit the TDSB's Business Development department, in consultation with other TDSB departments including General Accounting, Purchasing, Communications, Legal and Risk Management, to determine if the proposed donation meets TDSB's needs and complies with our policies and procedures. The collection, use and disclosure of personal information for these purposes are expressly authorized under the authority of sections 58.5, 169.1 and 171(1) of the *Education Act, R.S.O. 1990, c. E. 2*. The information is retained in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56*.Questions regarding this collection should be directed to the Freedom of Information and Privacy Office at 416-394-9487, Toronto District School Board, foi.privacy@tdsb.on.ca, 1 Civic Center Court, Etobicoke, Ontario, M9C. 2B3.

I, (First and Last Name of donor or registered business name of the organization), wish to make a donation or donations to the TDSB on the following terms:

AGREEMENT TO CONDITIONS:

Purpose. The TDSB will make reasonable efforts to accommodate the donation or intended purpose of the donation, but reserves the right to utilize, relocate, and/or dispose of the donation as the TDSB deems appropriate. All donations to the TDSB become the property of the TDSB.

Ownership Assignment: The donor represents and warrants that the donor is the owner of the goods, products and materials that are being donated to the TDSB, and hereby irrevocably assigns and transfers to the TDSB (a) ownership in and title to the goods, products and materials and (b) all rights, title, and interests that the donor may have in the copyright in the materials.

Refusal of Donation. While the TDSB will make every effort to accept all in-kind donations, it retains the right to refuse the offer of any donation. Donations which compromise or exploit TDSB students or staff or are not in alignment with the TDSB's mission, values and objectives will not be accepted.

Modifications. The TDSB reserves the right to modify any restrictions or conditions on the distribution of donations for any specified purposes or to specified purposes or to specified individuals if in the TDSB's sole and absolute discretion (without the necessity of the approval of any TDSB trustees, officers, directors, or agent) the TDSB determines that such restrictions are no longer necessary, or are incapable of fulfillment, or have become inconsistent with the charitable needs of the community it serves.

Approval. Donations which require evaluation for compliance with the TDSB's information technology, building facilities, and safety standards must receive the approval of the TDSB Business Development (BD) Department prior to their acceptance by the TDSB.

Retention and Disposal: The TDSB shall have the right, in its discretion to determine whether and how to (a) store, reproduce, preserve, and catalogue the goods, products and materials, and (b) transfer, sell, recycle, or discard the goods, products and materials when not required.

TDSB's Policies. The donor agrees to comply with the TDSB policies, practices and procedures, including but not limited to TDSB's Policy P006 - Advertising; TDSB's Policy P021 - Fundraising and TDSB's Operational Procedure PR508 - Fundraising, as same may be in effect at the time of making donations and apply to the services, goods and products to be provided hereunder by the donor.

Donation (in kind) Tax Receipt. The TDSB will issue a receipt for tax purposes in respect of the donation to the extent permitted by the *Income Tax Act*. Donations in kind (non-monetary items) are gift donations of properties. Gifts in kind <u>are not</u> eligible for a charitable donation receipt. Instead the TDSB may issue a letter of acknowledgement.

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Liability. The TDSB assumes no financial obligations or legal liability to the donor under this application arising from the donation of goods, products or other materials under this application.

Confidentiality. It is agreed that confidentiality of student information will be maintained in accordance with the requirements of MFIPPA, the *Personal Health Information Protection Act*, 2004. S.O. 2004, Chapter 3. Schedule A, the *Education Act*, R.S.O. 1990, Chapter E.2, the *Child and Family Services Act*, R.S.O. 1990, Chapter C.11. No personal information about a student will be provided to the donor without the consent of the parent/guardian/adult student.

All information provided by the TDSB to the donor shall be treated as being confidential, and the donor shall not disseminate such information for any reason without the express written permission of the TDSB, with the exception of material that is intended to be distributed to the public and material that is required to be disclosed at law.

Please Complete Applicable Sections Only

| P | PART 1 – DONOR'S INFORMATION | | | |
|----|---|---|--|--|
| 1. | Application Date | | | |
| 2. | | | | |
| | Individual's Full Legal Name | | | |
| 3. | Telephone | Cell #: | | |
| | | Home #: | | |
| | | Email Address: | | |
| 4. | Full Mailing Address or Registered Office | Street #: | | |
| | Address | Street Name: | | |
| | | City: | | |
| | | Province/State: | | |
| | | Postal Code/Zip Code: | | |
| | | Country: | | |
| 5. | Department Name | | | |
| 6. | Address (if different from above under | Street #: | | |
| | #4) | Street Name: | | |
| | | City: | | |
| | | Province/State: | | |
| | | Postal Code/Zip Code: | | |
| | | Country: | | |
| 7. | Website (if any) | | | |
| 8. | Contact Information | Name: | | |
| | | Title: | | |
| | | Telephone: | | |
| | | Cell: | | |
| | | Email: | | |
| 9. | Is the organization a Canadian federal | (Check ☑ one box): | | |
| | corporation? | □ Not Applicable | | |
| | | □Yes | | |
| | | □No | | |
| | | If no, please identify where parent company is located: | | |

| 10. Is the organization a provincial | (Check ഥ one box): |
|---|---|
| corporation? | □Not Applicable |
| | ☐Yes. If yes, in what province: |
| | □No |
| | If no, please identify where parent company is located: |
| 11. What is your organization's year of | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| incorporation? | |
| 12. What is your organization's legal status? | Check ☒ one box): |
| a , c.a. e.gaa.a | ☐ Incorporated for Profit Inc. |
| | ☐ Incorporated Not-for-Profit Inc. |
| | Registered Charity |
| | Not Incorporated |
| | · |
| | ☐ Unincorporated Business |
| | ☐ Community Group |
| | ☐ General Partnership |
| | ☐ Limited Liability Partnership |
| | Registered Sole Proprietorship |
| | ☐Individual |
| 13. Please provide your Business or Charity | |
| Registration number | |
| 14. What is your organization's Statement of | |
| Purpose or Mission Statement? | |
| 15. Donation History - Have you or your | Check 🗷 one box: |
| organization previously made any | \square Yes - If yes, please the questions 14a - 14c |
| donation(s) to Toronto District School | □No |
| Board or its schools? | |
| 15a. Which TDSB department/school | |
| did you donate to? | |
| 15b. Who was your contact at the | Name: |
| TDSB department/school? | Title: |
| 15c. What was the total value of your | \$ |
| donation or donations to the TDSB? | |
| 16. Conflict of Interest: Are there any known | Check 🗷 one box: |
| associations between your organization's | □Yes |
| staff/board members and Toronto District | If yes, please answer the question 15a – 15c |
| School Board staff/board members? | □No |
| 16a. Business Interest/Relationship | Check 🗷 one box: |
| | □Yes |
| | If yes, please provide details: |
| | □No |
| 16b. TDSB Staff/Trustees work with | Check 🗷 one box: |
| : : : | □Yes |
| organization as staff or volunteers | |
| organization as staff or volunteers | If yes, please provide details: |
| organization as staff or volunteers | If yes, please provide details: |
| 16c. TDSB Staff/Trustees serve on organization's Board of Directors | If yes, please provide details: |

| | ☐ As Community Volunteer | | | |
|---|---|--|--|--|
| 16c. What was the total value of your | \$ | | | |
| donation or donations to the TDSB? | | | | |
| PART 2 – PRODUCT DESCRIPTION | | | | |
| 17. In one sentence, please describe your | | | | |
| donation? | | | | |
| 18. What type of goods, products or | Check 🗷 box(es): | | | |
| materials are you donating? | ☐ Equipment – Please specify: | | | |
| | ☐ Food – Please specify: | | | |
| | ☐ Free or Discounted tickets | | | |
| | ☐ Materials – Please specify: | | | |
| | ☐ Registration/Entrance Fees Waived | | | |
| | ☐Space – Please specify: | | | |
| | ☐ Transportation/bussing | | | |
| | □ Vehicle (Refer to item 22) | | | |
| | ☐ Other. Please specify: | | | |
| 19. What criteria would you like the | | | | |
| school/student(s) to meet in order to | | | | |
| receive the donation? | | | | |
| 20. Do you legally own the goods, products or | Check 図 one box: | | | |
| materials you are donating? | □Yes □No | | | |
| | | | | |
| 21. Condition of in-kind donation: | If no, please provide details: Check one box: | | | |
| 21. Condition of in-kind donation. | □ New – Original Receipt/Invoice (Upload file) | | | |
| | ☐ Used – Refer to Item 23 | | | |
| | □Other. Please specify: | | | |
| | , | | | |
| Vehicle Donation ONLY | | | | |
| 22. Please provide the following information: | | | | |
| 22a. Year | | | | |
| | | | | |
| 22b. Make | | | | |
| | | | | |
| 22c. Model | | | | |
| 22d. Original Receipt | Check 区 one box: | | | |
| 22d. Original Neccipt | ☐ Yes – Please upload file | | | |
| | □ No | | | |
| 22e. Please describe in detail the | | | | |
| condition of your vehicle. | | | | |
| 22e. Please upload photos of your in- | Upload file(s) | | | |
| kind donation(s) | | | | |
| 22f. What is the Vehicle Identification | | | | |
| Number (VIN)? | | | | |

| 22f. Ownership Document | Check ☑ one box: |
|--|--|
| NOTE: Once the donation is approved, | □ Yes |
| please have the Ownership ready to | □ No |
| be signed and transferred to the | ☐ Not Applicable |
| TDSB. | |
| 22g. Vehicle Inspection | Check ☑ one box: |
| | ☐ Yes – Please upload file |
| | □ No |
| | ☐ Not Applicable |
| 3 rd Party Appraisal - For Use | d Items |
| 23. The Donor is responsible for obtaining | Upload file - Third Party Appraisal |
| and providing an independent third party | |
| appraisal of the merchandise to be | NOTE: The Appraiser must provide their company name, |
| donated prior to the donation occurring. | address, telephone number, contact name and Ontario |
| | Business Registration Number with a description of the goods |
| Appraisals can be obtained from | and a value of the goods/vehicle prior to taxes. |
| professional appraisers, valuators or | |
| accredited individuals knowledgeable | Art work and sculptures |
| about the goods donated. | Books |
| | • Cars |
| | Clothes/Costumes |
| | Craft Materials |
| | Musical Instruments Office and the second |
| | Office Supplies |
| | Photography |
| 0.00 | Sports Equipment |
| 24. Donor's responsibilities | Please confirm by checking the following boxes: |
| | ☐ Donor is responsible for all the expenses incurred for |
| | obtaining the appraisal. |
| | Obtaining the applaisal. |
| | ☐ Donor is responsible for the delivery of the goods, products |
| | or materials to the TDSB or TDSB school/site as determined by |
| | the TDSB. |
| | |
| 25. Do you require a tax receipt? | Check 🗷 one box: |
| NOTE: Upon review and approval of all | □Yes |
| documentation submitted, gift in-kind tax | |
| receipts may be issued. The process takes | □No |
| between 6 - 8 weeks. | |
| | |
| * | |
| Donor's Full Name | Signature Date |
| | |

| PART 3 – OFFICE USE ONLY | |
|--|---|
| 26. Coordinator, Business Development: | Received Request on: |
| Comments: | • |
| | |
| DONATION DESTINATION – Business Development wi | Il coordinate the distribution process. |
| 27. School/Department Name | · |
| 28. School/Department Address | |
| 29. Principal/Supervisor's Name | |
| 30. Acceptance Date | |
| 31. Please describe how the donated goods will be used by | |
| the school/department. | |
| INTERNAL REVIEWS | |
| 32. Referred by: | (Check ☒ one box): |
| | ☐ Educational Partnership Office (EPO) |
| | ☐Principal (<i>Name</i>): |
| | □School Council Member (<i>Name</i>): |
| | ☐Self-referred (Cold Call) |
| | □TDSB Staff (Name): |
| | ☐Word of Mouth |
| | \square Other (<i>Specify</i>): |
| 33. Have you completed the Educational Partnership Form | (Check 🗷 one box): |
| through the TDSB's Central Partnership Office? | \square Yes If yes, please provide submission date: |
| http://www.tdsb.on.ca/AboutUs/PartnerwiththeTDSB/Edu | |
| <u>cationalpartnerships/ApplytobeaPartner</u> | □No |
| 34. Conflict of Interest Disclosure – Do any TDSB employees | (Check 区 one box): |
| (or their family members or close business associates) have | □Yes |
| a personal relationship with you, or financial interest in, | If yes, self-disclosure required |
| your company or its representatives? | □No |
| 35. Conflict of Interest Disclosure - Would a TDSB employee | Check 🗷 one box): |
| have a personal and/or financial interest in this initiative? | □Yes |
| | If yes, self-disclosure required |
| | □No |
| 36. Does this initiative meet all applicable TDSB Policies and Procedures? | |
| a. TDSB's Mission & Values | (Check 区 one box): |
| a. 1030 s iviission & values | Yes |
| | □No |
| | □N/A |
| | Comment: |
| b. TDSB Fundraising Policy and Procedures | (Check 🗷 one box): |
| 5. 1030 I dilulaising I oney and Flocedules | Yes |
| | □No |
| | □N/A |
| | Comment: |
| c. TDSB Advertising Policy | (Check 🗷 one box): |
| c. 1999 Addertising Folicy | (Gricon El Oric DON). |

| | □Yes |
|--|--------------------|
| | □No |
| | □N/A |
| | Comment: |
| d. TDSB Equity Foundation Statement | (Check ₭ one box): |
| | □Yes |
| | □No |
| | □N/A |
| | Comment: |
| e. TDSB Excursion Policy and Procedures | (Check ☑ one box): |
| , | Yes |
| | □No |
| | □N/A |
| | Comment: |
| 37. TDSB COMMUNICATIONS (If required): | Comment. |
| Comment: | (Check 医 one box): |
| Comment. | |
| | □Approved |
| | □ Not Approved |
| | □N/A |
| 38. TDSB PURCHASING (If required): | _ |
| Comment: | (Check 🗷 one box): |
| | □Approved |
| | □Not Approved |
| | □N/A |
| 39. CONSULTATION WITH TDSB KEY DEPARTMENTS (i.e. | |
| Teaching & Learning, Equity, Insurance and Risk, General | (Check ☒ one box): |
| Accounting, etc.) (If required) – List Dept.: | □Approved |
| Comment: | □Not Approved |
| | □N/A |
| 40. SR. MGR - BUSINESS DEVELOPMENT (If Required): Garry | , |
| Green | (Check ☒ one box): |
| Comment: | □Approved |
| Comment | □ Not Approved |
| | □N/A |
| 44 COMPTROLLED TOCK PLICINESS SERVICES (If Doggiered) | □N/A |
| 41. COMPTROLLER – TDSB BUSINESS SERVICES (If Required): | (Chaola Mana haw). |
| Comment: | (Check 图 one box): |
| | □Approved |
| | □ Not Approved |
| | □N/A |
| 42. ADMIN COUNCIL APPROVAL (If Required): | _ |
| Comment: | (Check 🗷 one box): |
| | □Approved |
| | □Not Approved |
| | □N/A |
| 43. TDSB DIRECTOR/ASSOCIATE DIRECTOR'S APPROVAL (If | |
| Required): | (Check ☑ one box): |
| | |

| Comment: | □Approved |
|---|--|
| | □Not Approved |
| | □N/A |
| | |
| 44. Outcome: | |
| | (Check 🗷 one box): |
| | □Approved |
| | □Not Approved |
| 45. BD completed ALL internal reviewing process on: | |
| 46. Next Step: | |
| | ☐ Approved to proceed with the distribution |
| | of the goods/Donation Agreement |
| | |
| | \square NOT Approved to proceed with the |
| | distribution of the goods/Donation Agreement |
| | |
| | If not approved; reasons and/or supporting |
| | documentation: |
| 47. TDSB LEGAL REVIEWED AGREEMENT (If required): | <u>_</u> |
| Comment: | (Check 🗷 one box): |
| | Approved |
| | □ Not Approved |
| | □N/A |
| 48. APPROVAL TO SEND AGREEMENT TO | |
| COMPANY/ORGANIZATION - MGR – BUSINESS | (Check 区 one box): |
| DEVELOPMENT: | □Approved |
| Comment: | □ Not Approved |
| 49. FIRST SIGNATURE – COMPANY/ORGANIZATION: | |
| 50. FINAL SIGNATURE - TDSB – ASSOCIATE DIRECTOR: | |