

	A	B	C	D	E	F	G	H	I
1	SCHOOL ACTIVITY FUND								
2	DONATION ACKNOWLEDGEMENT FORM								
3									
4	School: Centerfield Elementary School				RECEIPT #				
5	School Address: 4512 Centerfield Drive								
6	Crestwood, KY 40014				Fiscal Year Ending:		2026		
7									
8	Date of gift: 2/11/2026				School Federal ID # 61-6001306				
9									
10	Donor Name:								
11									
12	Donor Address: Centerfield PTA								
13	street address								
14	4512 Centerfield Dr								
15	street address (continued)								
16	Crestwood,			KY		40014			
17	city			state		zip code			
18									
19	Donor Phone Number:								
20									
21									
22	Type of donation: (Circle one) Cash		<input checked="" type="checkbox"/> Check		Amount: \$20,586.86		Other		
23									
24	Other gift description including purpose and restrictions on donation:								
25	Color Run / <i>student celebration + cafeteria funds</i>								
26	Was anything of value received in exchange for donation?				Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
27									
28	If yes, description and dollar value:								
29									
30									
31									
32	Donors Federal ID # (if applicable)								
33									
34	Cretia Heil			2/11/2026		<i>Krista Mon 2/11/26</i>			
35	Person accepting donation			Date		Principal		Date	
36									
37									
38	*Tech Dept/Facilities			Date		*Superintendent		Date	
39									
40	*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more								
41	*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level								
42	*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.								
43	*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.								

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: OCMS
 School Address: 4305 Brown Blvd.
LaGrange, KY 40031

RECEIPT # 18344

Fiscal Year Ending: 2026

Date of gift: 2-10-26

School Federal ID # 61-6001306

Donor Name: OCMS Booster Club

Donor Address: 4305 Brown Blvd.
street address

street address (continued)
LaGrange KY 40031
city state zip code

Donor Phone Number: 502-758-2109

Type of donation: (Circle one) Cash Check Amount: \$4,479.17 Other

Other gift description including purpose and restrictions on donation:
Cross Country - \$3,359.38 Track - \$1,119.79 - UniForms

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:

Donors Federal ID # (if applicable) 641241175

Jane Bowman
 Person accepting donation 2-11-26
 Date

William F. Felt
 Principal 2/11/26
 Date

*Tech Dept/Facilities _____ Date

*Superintendent _____ Date

- *Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more
- *Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level
- *OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.
- *OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: 070 - OCMs

School Address: 4305 Brown Blvd.
LaGrange, KY 40031

RECEIPT # 18339

Fiscal Year Ending: 2026

Date of gift: 2-2-26

School Federal ID # 61-6001306

Donor Name: Anonymous Fund - Community Foundation of Louisville

Donor Address: 325 W. Main St., Ste. 1110
street address

street address (continued)

Louisville KY 40202
city state zip code

Donor Phone Number: 502-585-4649

Type of donation: (Circle one) Cash Check Amount: \$7,750.⁰⁰ Other

Other gift description including purpose and restrictions on donation:

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:
OCMS Nature Club Tremont Trip

Donors Federal ID # (if applicable)

Jim Bowman
Person accepting donation Date

[Signature]
Principal Date

*Tech Dept/Facilities Date

*Superintendent Date

*Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more

*Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level

*OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.

*OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

SCHOOL ACTIVITY FUND
DONATION ACKNOWLEDGEMENT FORM

Fiscal Year Ending: 2026

RECEIPT#: _____

School: Arvin Education Center

Address: 1650 Colonels Drive

Lagrange KY 40031
City State Zip

School Federal ID #: 101-10001306

Date of Gift: 2.2.26

Donor Name: Kimball Electronics

Donor Address: 1205 Kimball Blvd

Jasper IN 47546
City State Zip

Donor Phone Number: (812) 634-4000

Type of donation: (Check one) Cash Check

Amount: \$5000.00 Other: _____

Gift description including purpose and restrictions on donation:

In memory of Elijan Pasha.
No stipulations

Was anything of value received in exchange for donation? Yes No
If yes, give description and dollar value:

Federal ID# (if applicable): _____

Jen Striet
Person accepting donation

Matthew Watson
Principal

Superintendent (if required) _____

Date _____

*Per Redbook (page 12, #4): Form required for all donations valued at \$250 or more.
*Per Redbook (page 9, #16): All GRANT monies must be deposited at the board level.
*Policy 3003: Donations greater than \$2000 must be approved by the Superintendent prior to deposit
*Policy 3003: If a donation involves Technology or changes to the School Facility (indoor/outdoor), the proposal MUST be submitted to the Technology Dept. or Facilities Dept. in advance of accepting the donation.

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #

Fiscal Year Ending:	SY25/26
----------------------------	---------

Date of gift:	1/23/2026
----------------------	-----------

School Federal ID #

Donor Name:	OCAB
--------------------	------

Donor Address:	street address
	street address (continued)
	city state zip code

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	\$3,000.00	Other
---------------------------------------	------	-------	---------	------------	-------

Other gift description including purpose and restrictions on donation:
Transfer to Athletics Account for girls BB uniforms

Was anything of value received in exchange for donation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
---	------------------------------	--

If yes, description and dollar value:
--

Donors Federal ID # (if applicable)	
--	--

Paul Holien 1/23/2026
 Person accepting donation Date

Paul Holien
 Principal 1/23/26
Date

***Tech Dept/Facilities** Date

***Superintendent** Date

- *Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more
- *Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level
- *OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.
- *OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #

Fiscal Year Ending:	SY25/26
----------------------------	---------

Date of gift:	1/23/2026
----------------------	-----------

School Federal ID #

Donor Name:	OCAB
--------------------	------

Donor Address:	
street address	
street address (continued)	
city	state
zip code	

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	\$3,000.00	Other
---------------------------------------	------	-------	----------------	------------	-------

Other gift description including purpose and restrictions on donation:
Transfer to Athletics Account

Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
---	-----	--------------------------	----	-------------------------------------

If yes, description and dollar value:

Donors Federal ID # (if applicable)	
--	--

Paul Holien 1/23/2026
 Person accepting donation Date

Paul Holien 1/23/26
 Principal Date

***Tech Dept/Facilities** Date

***Superintendent** Date

***Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more**
***Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level**
***OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.**
***OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.**

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCHS
School Address:	

RECEIPT #

Fiscal Year Ending:	SY25/26
----------------------------	---------

Date of gift:	1/23/2026
----------------------	-----------

School Federal ID #

Donor Name:	OCAB
--------------------	------

Donor Address:	
street address	
street address (continued)	
city	state
zip code	

Donor Phone Number:

Type of donation: (Circle one)	Cash	Check	Amount:	\$3,000.00	Other
---------------------------------------	------	-------	----------------	------------	-------

Other gift description including purpose and restrictions on donation:
Transfer to Football account

Was anything of value received in exchange for donation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

If yes, description and dollar value:

Donors Federal ID # (if applicable)	
--	--

Jamie Reed 1/23/2026

 Person accepting donation Date

[Signature] 1/23/26

 Principal Date

***Tech Dept/Facilities** _____

 Date

***Superintendent** _____

 Date

***Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more**
***Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level**
***OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.**
***OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.**