

## **Chinese Club of San Marino (CCSM) Donation Request Guidelines**

The CCSM will consider donation requests that meet the following criteria:

- Non-profit organizations
- Donation that will benefit organizational members or constituents who are primarily residents of San Marino Unified School District
- Donation that will benefit a significant number of people
- Requests that are submitted more than 30 days *before* the donation event
- Organizations that will be able to provide donation receipt to CCSM

The CCSM does not consider donations for the following:

- Religious causes
- Political parties and/or candidates
- Organizations that are in any way discriminatory
- Travel expenses
- Requests from individuals
- Requests with less than 1 month prior to the event
- Incomplete applications
- Applications not sent via email as a Microsoft Word Document attachment

The months for "in person request" should be only in January through May and September through December. No donations reviewed in June, July and August.

Organizations that meet the above criteria should fill out the Requisition for Donation Form and email it to the Chinese Club of San Marino at [donation@ccsm.org](mailto:donation@ccsm.org) or fax to (626) 796-5180.

Chinese Club and Chinese School of San Marino

**Requisition for Donation Form**

- Requisition  $\geq$ \$2000: Completed requisition must be submitted by August first, for announcement at MAF
- Requisition  $>$ \$500 &  $<$ \$2000: Completed requisition must be submitted by 15th of April and October for consideration during the Directors' meeting on the first month of May and November
- Requisition  $\leq$ \$500: Completed requisition must be submitted by the 15th of the month for consideration during the Directors' meeting on the first Monday of the following month.
- Emergency request (reasons): \_\_\_\_\_

**No donations will be reviewed in June, July, and August.**

<b>Name of Organization:</b>		<b>Amount Requesting: \$</b>	
<b>Contact Person:</b>		Tel:	Cell:
<b>Address:</b>		Email:	
Description of Item(s)/Service(s) Requested (be specific):			
Estimated Cost of Item(s)/Service(s)- include SPECS and vendor estimates for all equipment requests			
Short-term and Long-term Impact:			
% of participants who are residents of San Marino Unified School District		%	
Additional Comments to support the request (i.e. involvement with or volunteer for CCSM, etc...)			
Submitted by: _____ Name (Student organization must be sponsored by teacher/adult advisor) Title Date			
<b>Board Sponsor: (OPTIONAL)</b>	Sponsor comments:		
	_____	_____	_____
	Print Name of CCSM Board Member	Signature	Date
<b>For office use only</b>	Date scheduled for Board presentation:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved \$ _____	