



APPENDIX Z

# Donation Request Form

Requests of \$1,000 and above will be presented to the Board for consideration quarterly beginning each January. All other donation requests should be made at least two (2) weeks in advance of requested date of donation, and staff recommends one (1) month in advance for events. Applicant will receive a written response as to the disposition of the District concerning the request. Any representations other than the District's written response are not to be considered the official response of the District. The submission of a request form does not guarantee that the request will be fulfilled.

Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: (      ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Required: \_\_\_\_\_ Number of People Impacted: \_\_\_\_\_

Please describe the purpose of the donation as it applies to the District's Mission Statement  
*"We are committed to safe, efficient and effective wastewater and solid waste management. We promote waste diversion and recycling, education and practices. We strive for public satisfaction through quality service, reasonable rates and proper stewardship of our resources and the environment."*

\_\_\_\_\_

For items not listed on the back, please attach supporting documentation that may help in the evaluation of this donation request. Supporting documentation may include recycled content verification, solid waste diversion estimates, etc. Supporting documentation attached?  Yes  No

Has the Castro Valley Sanitary District provided a donation for your organization in the past?  
 Yes  No

If yes, what items, when and estimated value?  
\_\_\_\_\_

Additional information or comments: \_\_\_\_\_

The above information is correct to the best of my knowledge. If the donation is approved, I will use the donated goods for the purposes listed above. I have read and accept the District's Donation Policy No. 3095.

X  
\_\_\_\_\_  
Signature Date

I have received all items outlined in this Donation Request Form.  
X  
\_\_\_\_\_  
Signature Date


Return items (applies to borrowed materials/supplies).  
X  
\_\_\_\_\_  
Signature Date

NOTE: Donation Request Forms/Supporting Documentation can be mailed to or faxed to CVSan at 510-537-1312

## Castro Valley Sanitary District Donation Request Form – Item List

Indoor Containers		Qty.	Value	Total Value
	1 gal Garbage Sidesaddle - black		\$6.00	
	3 gal Recycle – blue		\$7.00	
	7 gal Recycle - blue		\$7.00	
	11 gal Recycle - blue		\$7.00	
	23 gal Square Recycle - blue		\$55.00	
	23 gal Slim Jim - blue		\$65.00	
	23 gal Slim Jim Lid – mixed recyclables		\$33.00	
	23 gal Slim Jim Lid – paper only		\$33.00	
	Multi-Family Recycling Tote Bag		\$4.00	
	2.4 gal Organics w/ lid & handle - green		\$7.00	
	6 gal Organics w/ handle - green		\$7.00	
	23 gal Organics Slim Jim - gray		\$55.00	
	Slim Jim Lid - 2-hole, green		\$33.00	
	23 gal Organics Slim Jim - green		\$45.00	
	Slim Jim Lid - 1-hole, green with decal		\$33.00	

Portable Event Containers (Clearstreams)		Qty.	Value	Total Value	Loan (Check if borrowing)
	Recycling – blue w/ Recyclables Only decal (other decal options below)		\$45.00		
	Recycling Bags – clear		\$1.00		
	Organics – green w/ decal		\$45.00		
	Organics Bags - compostable		\$2.00		

	Recycling Decal – Paper & Beverage Containers				Incl.	
	Recycling Decal - Bottles & Cans Here				Incl.	

Signs		Qty.	Value	Total Value
	Recycle – 8.5x11		\$1.00	
	Recycle – 11x17		\$1.00	
	Organics – 8.5x11		\$1.00	
	Organics – 11x17		\$1.00	
	Garbage – 8.5x11		\$1.00	
	Garbage – 11x17		\$1.00	
	Multi-Family Recycling, Organics, & Garbage – 8.5x11 (dbl. sided)		\$0.35	
	Plastic Bag/Wrap Recycling – 8.5x5.5		\$1.00	
	Paper Towel Composting – 8.5x5.5		\$1.00	
	Shredded Paper Composting – 8.5x5.5		\$1.00	
	Pencil Shavings Composting – 8.5x5.5		\$1.00	
	Where Does This Go? Flyer (various items) – 8.5x11		\$1.00	
	Other:			

### For CVSan Staff Use Only

Approved     Rejected

Reason (if rejected): \_\_\_\_\_

By: \_\_\_\_\_ Initial: \_\_\_\_\_

Total Donation Value: \_\_\_\_\_

Board Approval Required:  Yes     No

Board Meeting Date: \_\_\_\_\_

Notes: \_\_\_\_\_