

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Ed Services - STEM/GATE **DATE** 6/29/17
DONOR: Bravo Food Service Catering
ADDRESS: _____
(include City, State & Zip Code)

SECTION A: (To be completed by School/Dept.)

MONETARY VALUE OF GIFT:

DESCRIPTION OF GIFT: (Include Make, Model and Serial Number)

STEM Conference sales proceeds

Purchase Price: _____

Freight: _____

Tax: _____

Installation: _____

Total Cost: _____

\$50.00

Intended Use:

Where will it be located/used? _____

Please complete the following:

- | | YES | NO |
|---|-------|-------|
| 1. Is the gift already an approved item of equipment? | _____ | X |
| 2. Will the gift be delivered by the donor? | _____ | X |
| 3. Does the gift require building or ground space? | _____ | X |
| 4. Does the gift require installation? | _____ | X |
| 5. Will the gift eventually need to be replaced at School District expense? | _____ | X |
| 6. Is the gift donated for advertising purposes? | _____ | X |
| 7. If the gift is to be purchased, do you want it to be purchased by the School District for the donor? | _____ | _____ |
| If so, Requisition # _____ is attached. | | |
| 8. Are District funds required for the purchase and/or installation of the gift? | _____ | X |
| 9. Will the district be expected to maintain/replace donation should failure occur? | _____ | X |

Tami Boatright
Print Name of Principal or Department Head

Tami Boatright
Signature of Principal or Department Head

SECTION B: (To be completed by District Office)

☐ Purchasing ☐ Director, Operational Services

- | | YES | NO |
|--|-------|-------|
| 1. What is the estimated cost of installation? _____ | _____ | _____ |
| 2. Does the gift item require Division of State Architecture approval? | _____ | _____ |
| 3. Will additional labor or equipment be required for maintenance and operation? | _____ | _____ |
| 4. What is the total estimated value of this gift? _____ | _____ | _____ |

Remarks: _____

☐ Requires Public Works Bid

☐ Subject to Design Review and Approval

☐ Approved ☐ Disapproved Date _____

☐ Approved ☐ Disapproved Date _____

☒ Approved ☐ Disapproved Date 7/28/17

☐ Approved ☐ Disapproved Date _____

Purchasing

Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education

SCHOOL OR DEPARTMENT: Madison Elementary DATE 6/16/17

DONOR: University of California

ADDRESS: Accounting and Financial Davis, California 95616-8504
(include City, State & Zip Code)

8/20/08