## CENTRAL UNIFIED SCHOOL DISTRICT GIFT PROPOSAL FORM

SCHOOL OR DEPARTMENT:	Ed Services - S	TEM/GATE	DATE	6/29/17			
DONOR:	Bravo F	ood Service Caterin	g				
ADDRESS: (include City State	a & Zin Code)						
(include City, State & Zip Code)  SECTION A: (To be completed by School/Dept.)  MONETARY VALUE OF GIFT:							
DESCRIPTION OF GIFT: (Include Make, Model STEM Conference sales proceeds	and Serial Number)	Purchase Price: _Freight:	<u> </u>				
		_ 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. X							
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							
( <u>-</u>	Print Name of Principal or	Department Head	Signature of P	Boat 1 Sht			
SECTION B: (To be completed by District Office) Purchasing Director, Operational Services							
1. What is the estimated cost of installation?			YES	NO			
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:							
	H .						
Requires Public Wo	orks Bid						
Subject to Design F	Review and Approval						
Approved	Disapproved Date						
		:		Purchasing			
Approved	Disapproved Date	-lock-	Director	Operational Services			
Approved	Disapproved Date	7/2017	Asst. Superinte	endent/Chief Business Officer			
Approved	Disapproved Date	Ti-	Во	ard of Education			

## CENTRAL UNIFIED SCHOOL DISTRICT GIFT PROPOSAL FORM

SCHOOL OR DEPARTMENT:	Madison Ele	ementary	DATE	6/16/17			
DONOR:	University of California						
ADDRESS:  Accounting and Financial Davis, California 95616-8504  (include City, State & Zip Code)							
SECTION A: (To be completed by School/Dept.)  MONETARY VALUE OF GIFT:							
DESCRIPTION OF GIFT: (Include Make, Mode Check \$500.00	el and Serial Number)	Purchase Price: _Freight:	-				
Check Number is 10674642 Doc Number 0		Tax:	-				
Thriving Schools Studnt Survey to 5th Grad	de	Installation: Total Cost:		\$500.00			
Intended Use:				<del>4000.00</del>			
Where will it be located/used? Purchase incentives and rewards for students							
Please complete the following:			YES	NO			
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.				X			
8. Are District funds required for the purchase and/or installation of the gift?				X			
Will the district be expected to maintain/replace donation should failure occur?				X			
Christine Pennington							
Print Name of Principal or Department Head  Signature of Principal or Department Head  SECTION B: (To be completed by District Office)							
Purchasing	Director, Operationa	I Services					
1. What is the estimated cost of installation	ı?		YES	NO			
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 V	/orks Bid						
Subject to Design	Review and Approva	I					
Approved	Disapproved Date	·					
Approved	Disapproved Date			Purchasing			
Approved	Disapproved Date	-6-0	Director	operational Services			
		10/	Asst. Superinter	ndent/Chief Business Officer			
Approved	Disapproved Date		Boa	ard of Education			