

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Saroyan **DATE** 8/28/17
DONOR: Kona Ice
ADDRESS: 1616 W. Morris Ave Fresno, CA 93711
(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) | Purchase Price: <u>\$108.00</u> |
| <u>Donation to ASB</u> | Freight: _____ |
| _____ | Tax: _____ |
| _____ | Installation: _____ |
| _____ | Total Cost: |

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? | _____ | _____ X _____ |
| 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 _____ |

Patricia McCurley
Print Name of Principal or Department Head


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 9/14/17
- Approved Disapproved Date _____

Purchasing



Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Saroyan **DATE** 9/6/17

DONOR: Kula Foundation

ADDRESS: 6600 Peachtree Dunwoody Road 600 Embassy Row suite 255 Atlanta GA 30328
(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) | Purchase Price: <u>\$17.30</u> |
| <u>cash donation for ASB</u> | Freight: _____ |
| _____ | Tax: _____ |
| _____ | Installation: _____ |
| _____ | Total Cost: |

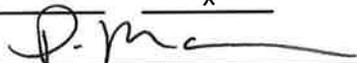
Intended Use:

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? | _____ | _____ X _____ |
| 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 _____ |

Patricia McCurley
Print Name of Principal or Department Head


Signature of Principal or Department Head

SECTION B: (To be completed by District Office)

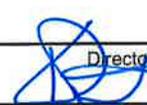
Purchasing Director, Operational Services

| | 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 9/14/17
- Approved Disapproved Date _____

Purchasing


Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Saroyan **DATE** 8/28/17

DONOR: PGE

ADDRESS: 2508 Highlander Way suite 210 Carrollton TX
(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) | Purchase Price: <u>\$3,825.98</u> |
| <u>Donation to teachers for classroom supplies</u> | Freight: _____ |
| _____ | Tax: _____ |
| _____ | Installation: _____ |
| _____ | Total Cost: |

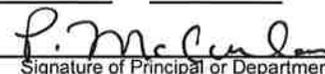
Intended Use:

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 |

Patricia McCurley
Print Name of Principal or Department Head


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? _____ | _____ | _____ |
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