

**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)
Donation to ASB
Purchase Price: \$108.00
Freight: _____
Tax: _____
Installation: _____
Total Cost:

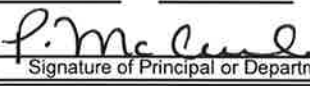
Intended Use:

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.		
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: \$17.30

cash donation for ASB

Freight: _____

Tax: _____

Installation: _____

Total Cost:

Intended Use:

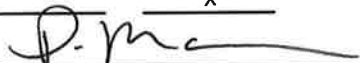
Where will it be located/used? _____

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)
Donation to teachers for classroom supplies
Purchase Price: \$3,825.98
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?	_____	_____ <u>x</u> _____
2. Will the gift be delivered by the donor?	_____	_____ <u>x</u> _____
3. Does the gift require building or ground space?	_____	_____ <u>x</u> _____
4. Does the gift require installation?	_____	_____ <u>x</u> _____
5. Will the gift eventually need to be replaced at School District expense?	_____	_____ <u>x</u> _____
6. Is the gift donated for advertising purposes?	_____	_____ <u>x</u> _____
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.	_____	_____ <u>x</u> _____
8. Are District funds required for the purchase and/or installation of the gift?	_____	_____ <u>x</u> _____
9. Will the district be expected to maintain/replace donation should failure occur?	_____	_____ <u>x</u> _____

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

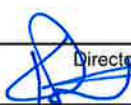
☐ Subject to Design Review and Approval

☐ Approved ☐ Disapproved Date _____

☐ Approved ☐ Disapproved Date _____

☒ Approved ☐ Disapproved Date 9/14/17

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