

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 9/20/17
DONOR: The Kula Foundation
ADDRESS: 6600 Peachtree Dunwoody Rd., 600 Embassy Suite 255, Atlanta, GA 30328
(include City, State & Zip Code)

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

MONETARY VALUE OF GIFT:

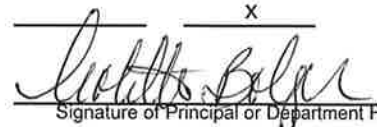
DESCRIPTION OF GIFT: (To include Make, Model and Serial Number) <u>Check #98319</u> <u>Red Robin Family Night Donation</u> _____ _____	Purchase Price: <u>\$18.73</u> Freight: _____ Tax: _____ Installation: _____ Total Cost: <u>\$18.73</u>
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Intended Use:

Where will it be located? McKinley ASB Student Body General Fund

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.		
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>



Signature of Principal or Department Head

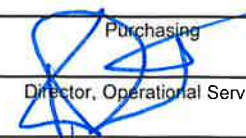
Section B: (To be completed by District Office)

☐ Purchasing ☐ Chief Operating Officer

	YES	NO
1. What is the estimated cost of installation? _____	_____	_____
2. Does the gift item require Division of 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 9/29/17
☐ Approved ☐ Disapproved Date _____



Purchasing
Director, Operational Services
Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 9/20/17
DONOR: Kona Ice of Fresno
ADDRESS: 1616 W. Morris Avenue, Fresno, CA 93711
(include City, State & Zip Code)

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

MONETARY VALUE OF GIFT:

DESCRIPTION OF GIFT: (To include Make, Model and Serial Number) <u>Check #3264</u> <u>Back to School Night Donation</u> _____ _____	Purchase Price: <u>\$214.00</u> Freight: _____ Tax: _____ Installation: _____ Total Cost: <u>\$214.00</u>
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Intended Use:

Where will it be located? McKinley ASB Student Body General Fund

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.		
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>

Section B: (To be completed by District Office)

☐ Purchasing ☐ Chief Operating Officer

	YES	NO
1. What is the estimated cost of installation? _____	_____	_____
2. Does the gift item require Division of 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 9/29/17

☐ Approved ☐ Disapproved Date _____

Purchasing

Director, Operational Services

Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Saroyan **DATE** 9/27/17
DONOR: Walmart
ADDRESS: 702 S.W. 8th st Bentonville AR 72716
(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 for camp
Purchase Price: \$500.00
Freight: _____
Tax: _____
Installation: _____
Total Cost:

Intended Use:

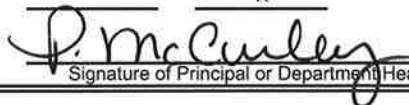
Where will it be located/used? _____

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.	_____	_____ 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 9/29/17
☐ Approved ☐ Disapproved Date _____

Purchasing

Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education