

**CENTRAL UNIFIED SCHOOL DISTRICT  
GIFT PROPOSAL FORM**

**SCHOOL OR DEPARTMENT:** CHSE Theatre Arts **DATE** 10/17/17  
**DONOR:** Sarah Pullen-Harris  
**ADDRESS:** 2102 Birch Ave, Clovis CA 93611  
(include City, State & Zip Code)

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

**MONETARY VALUE OF GIFT:**

<b>DESCRIPTION OF GIFT:</b> (Include Make, Model and Serial Number)	<b>Purchase Price:</b>	<u>\$849.99</u>
<u>Yamaha DGX660 88 key portable grand piano</u>	<b>Freight:</b>	<u>\$0.00</u>
	<b>Tax:</b>	<u>\$77.37</u>
	<b>Installation:</b>	
	<b>Total Cost:</b>	<b>\$927.36</b>

**Intended Use:**

Where will it be located/used? Room 304 (Theatre classroom)

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>	

Brenda Edmunds  
Print Name of Principal or Department Head

Brenda Edmunds  
Signature of Principal or Department Head

**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: \_\_\_\_\_

☐ Requires Public Works Bid  
☐ Subject to Design Review and Approval  
☐ Approved ☐ Disapproved Date \_\_\_\_\_  
☐ Approved ☐ Disapproved Date \_\_\_\_\_  
☒ Approved ☐ Disapproved Date 10/31/17  
☐ 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:** Houghton-Kearney Elementary **DATE** 10/31/17  
**DONOR:** Robert and Tay Cherry  
**ADDRESS:** 5001 N Van Ness Blvd, Fresno 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)

Ck #7792 - In memory of Julie Smith

**Purchase Price:**

**Freight:** \$100.00

**Tax:**

**Installation:**

**Total Cost:** \$100.00

**Intended Use:**

Where will it be located/used? Student Supplies

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

Kelly Porterfield

Print Name of Principal or Department Head

Kelly Porterfield

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 10/31/17

☐ 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** 10/30/17  
**DONOR:** Saroyan PFC  
**ADDRESS:** 5650 W. Escalon Fresno CA 93722  
(include City, State & Zip Code)

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

**MONETARY VALUE OF GIFT:**

<b>DESCRIPTION OF GIFT:</b> (Include Make, Model and Serial Number)	<b>Purchase Price:</b>	<u>\$4,071.75</u>
<u>projectors and mounting for 3 classrooms</u>	<b>Freight:</b>	<u>\$75.00</u>
<u> </u>	<b>Tax:</b>	<u> </u>
<u> </u>	<b>Installation:</b>	<u>\$1,485.00</u>
<u> </u>	<b>Total Cost:</b>	<b><u>\$5,956.47</u></b>

**Intended Use:**

Where will it be located/used? classrooms # K3, 3, 5

Please complete the following:

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

Patricia McCurley  
Print Name of Principal or Department Head

P. McCurley  
Signature of Principal or Department Head

**SECTION B:** (To be completed by District Office)

☐ Purchasing ☐ Director, Operational Services

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

Remarks:  

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  Purchasing  
  Director, Operational Services  
  Asst. Superintendent/Chief Business Officer

Board of Education