

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Central High School **DATE** 5/29/18
DONOR: Varies (See attached)
ADDRESS: _____
(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>\$886.00</u>
<u>See Attached List</u>	Freight:	_____
_____	Tax:	_____
_____	Installation:	_____
_____	Total Cost:	\$886.00

Intended Use:

Where will it be located/used? Sober Grad

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?	_____	<u>X</u>
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>

Robert Perez
Print Name of Principal or Department Head

Robert Perez
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 5/30/18
☐ Approved ☐ Disapproved Date _____

Purchasing

Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education

Central High School Donor List
Sober Grad

Donor	Description	Value
Central Unified Teachers Association	Laptop	\$325.00
El Bajio	(2) Dinner Certificates	\$60.00
Fig Garden Packing		\$50.00
Forestiery Underground Garden	(2) General Admission Tickets	\$36.00
Fresno Central Ag Boosters	Flatscreen TV	\$250.00
Fresno Grizzlies	(4) Field Level Tickets	\$80.00
Target	Gift Card	\$25.00
Texas Roadhouse	(2) Dinner for Two Certificates	\$60.00
		\$886.00

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Central High School **DATE** 5/16/18
DONOR: Teague PFC
ADDRESS: _____
(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>\$1,833.00</u>
<u>Monetary Donation</u>	Freight:	_____
_____	Tax:	_____
_____	Installation:	_____
_____	Total Cost:	\$1,833.00

Intended Use:

Where will it be located/used? ASB - Aquatics Account

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>

Ruben Diez

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 5/30/18

☐ 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: SPED D.O./ Adaptive P.E. **DATE** 5/21/18
DONOR: Special Olympics Northern CA and NV
ADDRESS: 2491 Alluvial Ave. Suite #86
(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)

Check

Purchase Price: _____

Freight: _____

Tax: _____

Installation: _____

Total Cost: _____

\$500.00

Intended Use:

Where will it be located/used? Gift is to be used for equipment for events, decorations, and facilities

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

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

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 5/30/18

☐ Approved ☐ Disapproved Date _____

Purchasing

Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education