

<b>SCHOOL OR DEPARTMENT:</b>	<u>Madison Elementary</u>	<b>DATE</b>	<u>8/8/17</u>
<b>DONOR:</b>	<u>Darryl B. Freedman Law</u>		
<b>ADDRESS:</b>	<u>3705 W. Beechwood Ave. Fresno, CA 93711 559-447-9000</u>		
	<small>(include City, State &amp; Zip Code)</small>		

**MONETARY VALUE OF GIFT:**

**Purchase Price:** \$3,600.00

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

Tax: \_\_\_\_\_

**Installation:**

<b>Total Cost:</b>	\$3,600.00
--------------------	------------

Where will it be located/used? The backpacks will be distributed to students who need backpacks.

**YES**                      **NO**

- |  |                   |                   |
|--|-------------------|-------------------|
| 1. Is the gift already an approved item of equipment?  | <u>X</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?<br>If so, Requisition # _____ 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>          |

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

Christine Pennington

---

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 8/24/17

☐ Approved    ☐ Disapproved    Date \_\_\_\_\_

Purchasing

Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education