

<b>SCHOOL OR DEPARTMENT:</b>	CENTRAL HIGH WEST	<b>DATE</b>	11.8.17
<b>DONOR:</b>	OHIOPYLE PRINTS, INC		
<b>ADDRESS:</b>	410 DINNERBELL RD, OHIOPYLE, PA 15470-1002		
	(include City, State & Zip Code)		

**MONETARY VALUE OF GIFT:**

**Purchase Price:** \$44.79

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

Tax:

**Installation:**

<b>Total Cost:</b>	<b>\$44.79</b>
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**Intended Use:**

Where will it be located/used? PRINCIPAL'S DISCRETIONARY

Please complete the following:

**YES**

**NO**

1. Is the gift already an approved item of equipment? \_\_\_\_\_
2. Will the gift be delivered by the donor? \_\_\_\_\_
3. Does the gift require building or ground space? \_\_\_\_\_
4. Does the gift require installation? \_\_\_\_\_
5. Will the gift eventually need to be replaced at School District expense? \_\_\_\_\_
6. Is the gift donated for advertising purposes? \_\_\_\_\_
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?
9. Will the district be expected to maintain/replace donation should failure occur?

ROBERT PEREZ

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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? \_\_\_\_\_
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? \$44.79

Remarks:

☐ Requires Public Works Bid

☐ Subject to Design Review and Approval

☐ Approved    ☐ Disapproved    Date☐ Approved    ☐ Disapproved    Date☒ Approved    ☐ Disapproved    Date☐ 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 **DATE** 11/8/17  
**DONOR:** Foundation for Central Schools  
**ADDRESS:** 4605 N. Polk  
(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)

Class room Grant for STEM LAB in the amount of \$650.00

**Purchase Price:** \_\_\_\_\_

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

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

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

**Total Cost:**

**Intended Use:**

Where will it be located/used? In Classroom

Please complete the following:

1. Is the gift already an approved item of equipment?

**YES**

**NO**

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?

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.

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?

Marcela Pockke  
Print Name of Principal or Department Head

[Signature]  
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 \_\_\_\_\_

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

Purchasing

Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education