

**CENTRAL UNIFIED SCHOOL DISTRICT  
GIFT PROPOSAL FORM**

**SCHOOL OR DEPARTMENT:** CHS West Campus **DATE** 12/1/17  
**DONOR:** Dr. Ron Nelson  
**ADDRESS:** Jason Farris, FresYes Realty, 7785 N. Palm, Ste 108, Fresno, CA 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)

12.5 Cave Classic Cassegrain Telescope

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

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

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

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

**Total Cost:**

**\$8,000.00**

**Intended Use:**

Where will it be located/used? Science Department

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> |

Dave Holtermann  
Print Name of Principal or Department Head

Dave Holtermann  
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 12/19/17

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

\_\_\_\_\_  
Purchasing

\_\_\_\_\_  
Director, Operational Services

\_\_\_\_\_  
Asst. Superintendent/Chief Business Officer

\_\_\_\_\_  
Board of Education

<b>SCHOOL OR DEPARTMENT:</b>	McKinley Elementary	<b>DATE</b>	12/5/17
<b>DONOR:</b>	PG & E--Angela Moore--Campaign Offline Match		
<b>ADDRESS:</b>	2508 Highlander Way, Suite #210, Carrollton, TX 75006 (include City, State & Zip Code)		

7/13/07

**SCHOOL OR DEPARTMENT:** Saroyan **DATE** 12/6/17

**DONOR:** PGE

**ADDRESS:** 2508 Highlander Way suite 210 Carrollton TX 75006  
(include City, State & Zip Code)

## MONETARY VALUE OF GIFT:

**Purchase Price:** \$1,637.98

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

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

**Installation:**

<b>Total Cost:</b>	<b>\$1,637.98</b>
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Where will it be located/used?

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?

Patricia McCurley

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Print Name of Principal or Department Head

P. McCulloch  
Signature of Principal or Department

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?

Remarks:

**YES**

**NO**

☐ 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