

**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:**

<b>DESCRIPTION OF GIFT:</b> (Include Make, Model and Serial Number)	<b>Purchase Price:</b> _____
<u>12.5 Cave Classic Cassegrain Telescope</u>	<b>Freight:</b> _____
_____	<b>Tax:</b> _____
_____	<b>Installation:</b> _____
_____	<b>Total Cost:</b> <span style="border: 1px solid black; padding: 2px;"><b>\$8,000.00</b></span>

**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?	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

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

**CENTRAL UNIFIED SCHOOL DISTRICT  
GIFT PROPOSAL FORM**

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

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

**MONETARY VALUE OF GIFT:**

**DESCRIPTION OF GIFT:** (To include Make, Model and Serial Number)  
Check #1110118249  
**Purchase Price:** \$176.00  
**Freight:** \_\_\_\_\_  
**Tax:** \_\_\_\_\_  
**Installation:** \_\_\_\_\_  
**Total Cost:** \$176.00

**Intended Use:**

Where will it be located? McKinley ASB Student Body Cheer Account #3015

Please complete the following:

	<b>YES</b>	<b>NO</b>
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.	_____	_____
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

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

  
 \_\_\_\_\_  
 Signature of Principal or Department Head

Purchasing  Chief Operating Officer

	<b>YES</b>	<b>NO</b>
1. What is the estimated cost of installation? _____	_____	_____
2. Does the gift item require Division of 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 \_\_\_\_\_

\_\_\_\_\_  
 Purchasing  
 \_\_\_\_\_  
 Director, Operational Services  
 \_\_\_\_\_  
 Chief Business Officer  
 \_\_\_\_\_  
 Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT  
GIFT PROPOSAL FORM**

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

**DONOR:** PGE

**ADDRESS:** 2508 Highlander Way suite 210 Carrollton TX 75006  
(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>\$1,637.98</u>
<u>donations for classroom from PGE</u>	<b>Freight:</b> _____
_____	<b>Tax:</b> _____
_____	<b>Installation:</b> _____
_____	<b>Total Cost:</b> <span style="border: 1px solid black; padding: 2px;"><u>\$1,637.98</u></span>

**Intended Use:**

Where will it be located/used? \_\_\_\_\_

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

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

	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 \_\_\_\_\_

\_\_\_\_\_  
Purchasing

*[Signature]*  
Director, Operational Services

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

Board of Education