

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 2/28/18
DONOR: Zackory Amos
ADDRESS: No Details Given
(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)
Cash Donation
Purchase Price: \$5.00
Freight: _____
Tax: _____
Installation: _____
Total Cost: \$5.00

Intended Use:

Where will it be located? McKinley ASB Student Body General Admin Account #2000

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.		
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>


Section B: (To be completed by District Office)

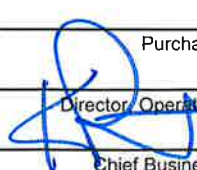
☐ Purchasing ☐ Chief Operating Officer

	YES	NO
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 _____
☐ Approved ☐ Disapproved Date _____
☒ Approved ☐ Disapproved Date _____
☐ Approved ☐ Disapproved Date _____


Signature of Principal or Department Head

Purchasing

Director, Operational Services
Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 2/28/18
DONOR: Foundation for Central Schools
ADDRESS: 4605 N Polk Ave, Fresno, CA 93722
(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 #3084
Purchase Price: \$96.00
Freight: _____
Tax: _____
Installation: _____
Total Cost: \$96.00

Intended Use:

Where will it be located? McKinley ASB Student Body General Admin Account #2000

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.		
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>


Section B: (To be completed by District Office)

☐ Purchasing ☐ Chief Operating Officer

	YES	NO
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: _____

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☐ Approved ☐ Disapproved Date _____


Signature of Principal or Department Head

☐ YES ☐ NO

Purchasing

Director, Operational Services

Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 2/28/18
DONOR: PG & E--Angela Moore--Employee Giving Program
ADDRESS: 6111 W Plano Parkway, Ste 100YC, Plano, TX 75093
(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 #1110124029
Purchase Price: \$350.00
Freight: _____
Tax: _____
Installation: _____
Total Cost: \$350.00

Intended Use:

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

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.		
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>


Section B: (To be completed by District Office)

☐ Purchasing ☐ Chief Operating Officer

	YES	NO
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: _____

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Signature of Principal or Department Head

Purchasing

Director, Operational Services

Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 2/28/18
DONOR: The Roman Catholic Bishop of Fresno
ADDRESS: St Anthony of Padua, 5770 N Maroa, Fresno, CA 93704-2038
(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 #24777
Purchase Price: \$150.00
Freight: _____
Tax: _____
Installation: _____
Total Cost: \$150.00

Intended Use:

Where will it be located? McKinley ASB Student Body Field Trips Account #3046

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.		
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)

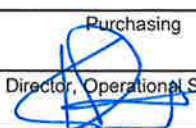
☐ Purchasing ☐ Chief Operating Officer

	YES	NO
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: _____

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Signature of Principal or Department Head

☐ Purchasing

Director, Operational Services
Chief Business Officer
Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Saroyan Elementary **DATE** 3/22/18
DONOR: Saroyan Parent Faculty Club
ADDRESS: 5650 W. Escalon Ave 93722
(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:** \$2,985.00
cash donation to pay for transportation Mission and Sierra Outdoc **Freight:** _____

Tax: _____

Installation: _____

Total Cost: \$2,985.00

Intended Use:

Where will it be located/used? _____

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?	_____	_____
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>

Patricia McCurley
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

	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 3/23/18

☐ Approved ☐ Disapproved Date _____

Purchasing

[Signature]
Director, Operational Services

Asst. Superintendent/Chief Business Officer

Board of Education