

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: McKinley Elementary **DATE** 3/23/18
DONOR: McKinley PTA
ADDRESS: 4444 W McKinley Ave, Fresno, CA 93722
(include City, State & Zip Code)

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

MONETARY VALUE OF GIFT:

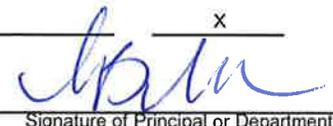
DESCRIPTION OF GIFT: (To include Make, Model and Serial Number)
Check #3030
Purchase Price: \$75.00
Freight: _____
Tax: _____
Installation: _____
Total Cost: \$75.00

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>



 Signature of Principal or Department Head

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 _____

 Purchasing

 Director, Operational Services

 Chief Business Officer

Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Saroyan DATE 4/17/18

DONOR: PG&E

ADDRESS: 6111 W. Plano Parkway ste 100YC Plano Texas 75093
(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: _____
<u>cash donations for classrooms</u>	Freight: _____
_____	Tax: _____
_____	Installation: _____
_____	Total Cost: \$652.66

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

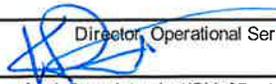
Patricia McCurley
Print Name of Principal or Department Head


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: _____

<input type="checkbox"/> Requires Public Works Bid	
<input type="checkbox"/> Subject to Design Review and Approval	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date _____	_____ Purchasing
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date _____	_____ Director, Operational Services
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date _____	 Asst. Superintendent/Chief Business Officer
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date _____	_____ Board of Education