



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

cash donations for classrooms

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

☐ 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