

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: CENTRAL HIGH WEST CAMPUS **DATE** 1/22/19
DONOR: David Piasecki
ADDRESS: 15 Linden Drive, Santa Clara, CA 95059-6108
(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: _____

Check _____

Freight: _____

Tax: _____

Installation: _____

Total Cost: _____

\$200.00

Intended Use:

Where will it be located/used? Robotics

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

David L. Holtermann

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

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?

YES

NO

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

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: CENTRAL HIGH WEST CAMPUS **DATE** 1-24--19

DONOR: Richard Atkins

ADDRESS: 3535 West Madison Avenue, Fresno, CA 93706
(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)

Check

Purchase Price: _____

Freight: _____

Tax: _____

Installation: _____

Total Cost:

\$100.00

Intended Use:

Where will it be located/used? Robotics

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

David L. Holtermann

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

1. What is the estimated cost of installation? **YES** **NO**
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

SCHOOL OR DEPARTMENT: CENTRAL HIGH WEST CAMPUS **DATE** 1/14/19

DONOR: Tom Gravette

ADDRESS: 6605 N. Rowell, Fresno, CA 93710
(include City, State & Zip Code)

8/20/08

SCHOOL OR DEPARTMENT: CENTRAL HIGH WEST CAMPUS **DATE** 1/17/19

DONOR: Charles Warnes

ADDRESS: 8345 North Delmar Avenue, Fresno, CA 93711
(include City, State & Zip Code)

8/20/08

SCHOOL OR DEPARTMENT: CENTRAL HIGH WEST CAMPUS **DATE** 1/14/19

DONOR: Naindeep Singh

ADDRESS: 3661 W. Shields Avenue, Apt. 223, Fresno, CA 93722
(include City, State & Zip Code)

MONETARY VALUE OF GIFT:

Purchase Price: \$78.99

Freight: _____

Tax:

Installation:

Total Cost: \$78.99

Where will it be located/used? Robotics Room 30

YES **NO**

- | | | |
|---|-----------------------------|-------------------------------|
| 1. Is the gift already an approved item of equipment? | <u> </u> | <u> </u> x |
| 2. Will the gift be delivered by the donor? | <u> </u> | <u> </u> x |
| 3. Does the gift require building or ground space? | <u> </u> | <u> </u> x |
| 4. Does the gift require installation? | <u> </u> | <u> </u> x |
| 5. Will the gift eventually need to be replaced at School District expense? | <u> </u> | <u> </u> x |
| 6. Is the gift donated for advertising purposes? | <u> </u> | <u> </u> x |
| 7. If the gift is to be purchased, do you want it to be purchased by the School District for the donor? | <u> </u> | <u> </u> x |
| If so, Requisition # <u> </u> is attached. | <u> </u> | <u> </u> x |
| 8. Are District funds required for the purchase and/or installation of the gift? | <u> </u> | <u> </u> x |
| 9. Will the district be expected to maintain/replace donation should failure occur? | <u> </u> | <u> </u> x |

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

Print Name of Principal or Department Head

Signature of Principal or Department Head

☐ 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: _____

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☐ Approved ☐ Disapproved Date _____

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Board of Education

**CENTRAL UNIFIED SCHOOL DISTRICT
GIFT PROPOSAL FORM**

SCHOOL OR DEPARTMENT: Rio Vista Middle School **DATE** 2/6/19
DONOR: Directing Change Program & Film Contest Inc.
ADDRESS: 1360 Granada Ave., San Diego, CA 92102
(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) mini grant _____ _____ _____	Purchase Price: <u>\$500.00</u>
	Freight: _____
	Tax: _____
	Installation: _____
	Total Cost: <u>\$500.00</u>

Intended Use:

Where will it be located/used? Support students in submitting Directing Change film submissions.

Please complete the following:

	YES	NO
1. Is the gift already an approved item of equipment?	N/A	_____
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?	_____	X
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

Joe M. Bracamonte
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: _____

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