



# MADERA UNIFIED SCHOOL DISTRICT

## GIFT PROPOSAL REQUEST

DATE: \_\_\_\_\_

SCHOOL OR DEPARTMENT: \_\_\_\_\_

DONOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACTUAL VALUE OF GIFTS \$: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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### SECTION A (To Be Completed By School/Department):

DESCRIPTION OF GIFT (To include Make, Model, and Serial No.):

Purchase Price \_\_\_\_\_

Freight \_\_\_\_\_

Tax \_\_\_\_\_

Installation \_\_\_\_\_

Total Cost \_\_\_\_\_

Instructional Use: YES  NO

Where will the gift be located: Bldg: \_\_\_\_\_ Room: \_\_\_\_\_

Please complete the following:

YES NO

- |  |       |       |
|--|-------|-------|
| 1. Is the gift already an approved item of equipment?  | _____ | _____ |
| 2. Will the gift be delivered by the donor?  | _____ | _____ |
| 3. Does the gift require building or ground space?   | _____ | _____ |
| 4. Does the gift require installation?   | _____ | _____ |
| 5. Will the gift eventually need to be replaced at the School District expense?  | _____ | _____ |
| 6. If the gift is to be purchased, do you want it to be purchased by the School District for the donor?<br>If so, Requisition No. _____ is attached. | _____ | _____ |
| 7. Are District matching funds required for the purchase and/or installation of the gift?  | _____ | _____ |

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

### SECTION B (To Be Completed By District Office):

Director – Purchasing Department

Director – Facilities & Operations

YES NO

- |  |       |       |
|--|-------|-------|
| 1. What is the estimated cost of installation? \$ _____                          | _____ | _____ |
| 2. Will additional labor or equipment be required for maintenance and operation? | _____ | _____ |
| 3. What is the total estimated value of this gift? \$ _____                      | _____ | _____ |

REMARKS: \_\_\_\_\_

### Recommendation:

Approval  Disapprove

\_\_\_\_\_ Date \_\_\_\_\_

Director – Facilities & Operations

Approval  Disapprove

\_\_\_\_\_ Date \_\_\_\_\_

Director – Purchasing Department