

**CENTRAL UNION HIGH SCHOOL DISTRICT**

**DATE:** August 04, 2020  
**TO:** Dr. Ward Andrus, Superintendent  
**FROM:** Arnold Preciado. Assistant Superintendent – Business Services  
**SUBJECT:** ACCEPTANCE OF DONATIONS TO THE DISTRICT

**A C T I O N**

**BACKGROUND:**

Pursuant to Board Policy 3290, the Board of Trustees must accept any bequest or gift of money or property on behalf of the district. Administration is recommending the approval of the attached items as suitable donations.

**DISCUSSION/ALTERNATIVE/CONCERNS:**

None

**FINANCIAL IMPLICATIONS:**

None

**ACTION REQUESTED:**

It is requested that the Board approve the attached donation(s) for SHS ASB Activities.

**ACTION:**    **MOTION:** \_\_\_\_\_    **SECOND:** \_\_\_\_\_  
                  **AYES:**        \_\_\_\_\_    **NOES:**        \_\_\_\_\_  
                  **ABSTENTIONS:** \_\_\_\_\_

**Central Union High School District**  
**Request for Board Acceptance**  
**Gift or Donation**

Date: 7-20-20

Donated to: Southwest ASB

Donor's Name: El Centro Optimist Club: General Fund

Donor's Address: P.O. Box 1465 El Centro, CA 92243

**Description of Donation**

Section A (Equipment, Material or Supplies)			
Item Description	New/Used	Model #/ Serial #	** Est. Value

Section B (Monetary Donation)		
Purpose for Which Given	Budget Code	Amount
<u>Activities Donation</u>		<u>\$500</u>

\*\* The estimated value of section A is the responsibility of the donor

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: [Signature] Date: 7-20-20

Title: Southwest ASB Director

Safety Check: \_\_\_\_\_  
 (Name of person/company who completed safety check) (Date)