SAN DIEGO UNIFIED SCHOOL DISTRICT
REQUEST FOR ACCEPTANCE OF GIFT OF SERVICE

When notified by the Maintenance and Operations Department, complete and forward to the Maintenance Planning Program, Maintenance and Operations Department.

I. SCHOOL: ___________________________ DATE ________________

II. DONOR: A. Name/Organization ____________________________________________
B. Address _______________________________________________________________
C. Telephone number _______________________________________________________

III. SERVICE OR PROJECT:
A. Request for Maintenance Service No. ________________________________
B. General description. ____________________________________________________
C. Purpose of gift __________________________________________________________
D. Are materials purchased through SDUSD District Procurement and Distribution Department? Yes____ No____
   If yes, please reference requisition/P.O.# ____________

IV. IMPLEMENTATION:
A. Will Maintenance/Operations labor be employed? Yes____ No____
   If yes, describe intended use of district employees: ________________________________
B. Will donor pay labor costs? Yes____ No____
C. Will donor pay materials costs? Yes____ No____

V. OPERATION AFTER COMPLETION OF PROJECT:
A. Will there be continuing operating or maintenance costs? Yes____ No____
   If yes, what type? ________________________________________________________

VI. ACCEPTANCE REQUEST BY: ____________________________________________
   (Signature of school principal/site administrator)

-----------------------------------------------------------------------------------------------------------------------------------------
Maintenance and Operations Department (Required for approval WITH annual maintenance support)
Maintenance Unit estimated annual cost: $ __________________
Operations Unit estimated annual cost: $ __________________
_______ Recommend WITH M&O support _________ Recommend WITHOUT M&O support

BY: ___________________________ DATE: ______________________
   (Signature of department head)
-----------------------------------------------------------------------------------------------------------------------------------------
Facilities Management Division:

_______ Approved
_______ Disapproved

BY: ___________________________ DATE: ______________________
   (Signature of Chief Operating Officer)
-----------------------------------------------------------------------------------------------------------------------------------------
Originator:

_______ Approval to proceed

BY: ___________________________ DATE: ______________________
   (Signature of school principal/site administrator)