

Gifts, Grants & Donations

CASD Technology Pre-Approval Form

Use this form when requesting a gift, grant or donation of ANY technology in accordance with the Gifts, Grants & Donation policy. Per policy, individuals must consult the appropriate Administrators before appropriating funds.

Sections 1 thru 5 (3 & 4 as applicable) are to be completed by the requester; Section 6 by C&I; Section 7 by the Technology Department.

All requests must first be submitted to **IncidentIQ** and the Service Call Number must be recorded below.

Service Call Number: _____ **Date** _____

Section 1

Requested by: _____ email: _____

Department: _____ Location: _____

Room Numbers for Installation: _____ Building Technician: _____

Outline the purpose and intent of software and/or hardware related to standards-based, building or department goals. Include the number of students and/or teachers that will be using it and dates of teacher training and evidence of data to support the need of software and/or hardware. Use a separate sheet of paper for this section only if necessary and staple a typed copy to the form. (All other info and signatures except for the intent statement must be on this form.)

How is this software/hardware to be funded (i.e., Building, Special Ed., C&I, Grant, etc.)?

How will this be funded for replacement when it becomes outdated or end of life?

Please contact the Technology Secretary or Inventory/Data Recorder for assistance for pricing and vendor information if necessary.

Section 2

Vendor Information

Company: _____ Contact/Sales Rep: _____

Phone #: _____ Fax #: _____

Vendor address: _____

Section 3

Hardware Product Information

Manufacturer: _____ Brand Name: _____

Model #: _____ Item/Catalog #: _____

Product Description:

Quantity: _____ Price each: _____ Shipping cost: _____ Total cost: _____

Is a maintenance contract available: _____ If so, what is the cost of the maintenance contract? _____

Section 4

Software Product Information

Publisher: _____ Software Title: _____

Software Version: _____ Item/Catalog #: _____

Product Description:

Quantity: _____ Price each: _____ Shipping cost: _____ Total cost: _____

Is there value or savings in purchasing the software for a longer period of time? _____ How much? _____

Section 5

ORDER TOTAL \$ _____

Product information/quote attached? _____

Supervisor's Signature: _____ Date: _____

Print Form

Save As

Routing:

Teachers, obtain your K-12 Supervisor's signature after filling out sections 1 through 5. Non-instructional personnel will need their immediate supervisor's signature. Administrators will sign their own requests.

*****After obtaining the appropriate signature, send this to the Technology Department. You will be contacted after this goes thru the remaining approval process on how to proceed.**

Section 6 – **FOR C&I OFFICE USE ONLY**

Approved: Yes / No / N/A to C&I (circle one) Director of C&I _____ Date _____

Comments:

Section 7 – **FOR TECHNOLOGY OFFICE USE ONLY**

Approved: Yes / No _____ Applications/Database Administrator

Approved: Yes / No _____ Network Administrator

Approved: Yes / No _____ Director of Technology Date _____

Technology Department Comments: