

AMADOR COUNTY UNIFIED SCHOOL DISTRICT



ADDENDUM PACKET

February 26, 2020

AMADOR COUNTY PUBLIC SCHOOLS
Acknowledgment of Donation of Gift/Contribution to District

Date: 2/7/20

School Site / Department: Pioneer VAPA Magnet School

Name of person completing this form: Tina Lowery

Description of Gift / Contribution: School Supplies

No goods or services were provided by Amador County Public Schools in return for the contribution.

Does the gift/contribution require Maintenance Department services for installation? Yes No

If yes, Maintenance Department completes this section.

Required materials for installation: _____

Labor costs of installation: _____

*Total: _____***

Maintenance Director's Signature: _____

Name of Donee/Contributor: Shaneika Parrish

Mailing Address: 21908 Hwy 26

Town: West Point, CA Zip: 95255

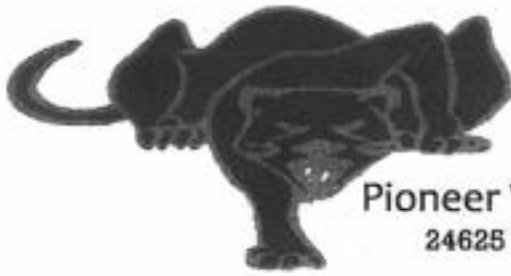
Telephone No.: N/A

Have you acknowledged receipt of gift/contribution with a thank you letter?

Yes No

(If yes, please attach a copy of thank you letter.)

****Note:** If maintenance and material costs for installation are unbudgeted or prohibitively high, the Superintendent may recommend Board rejection of the gift/contribution.



Pioneer Visual and Performing Arts Magnet School

24625 HIGHWAY 88 PIONEER, CA 95666

(209) 295-6500

Mailing: 217 Rex Avenue Jackson, CA 95642

February 7, 2020

Shaneika Parrish
21908 Hwy 26
West Point, CA 95255

Dear Shaneika,

Thank you so very much for thinking of Pioneer Elementary by bringing in a generous donation of new school supplies for students and teachers. School supplies are always needed and your timing was perfect.

We appreciate your partnership with the students and staff at Pioneer Elementary. When a community member takes the time to think of the needs of our school, it means a great deal to all of us.

Sincerely,

Carmen Glaister

Carmen Glaister
Principal

CG/tl

AMADOR COUNTY PUBLIC SCHOOLS
Acknowledgment of Donation of Gift/Contribution to District

Date: 2/7/20

School Site / Department: Pioneer VAPA Magnet School

Name of person completing this form: Tina Lowery

Description of Gift / Contribution: \$400.00 for 6th grade science camp fund

No goods or services were provided by Amador County Public Schools in return for the contribution.

Does the gift/contribution require Maintenance Department services for installation? Yes No

If yes, Maintenance Department completes this section.

Required materials for installation: _____

Labor costs of installation: _____

*Total: _____ ***

Maintenance Director's Signature: _____

Name of Donee/Contributor: Nancy Velasco-President Up Country Lion's Club

Mailing Address: PO BOX 777

Town: Pine Grove, CA Zip: 95665

Telephone No.: N/A

Have you acknowledged receipt of gift/contribution with a thank you letter?

Yes No

(If yes, please attach a copy of thank you letter.)

****Note:** If maintenance and material costs for installation are unbudgeted or prohibitively high, the Superintendent may recommend Board rejection of the gift/contribution.



Pioneer Visual and Performing Arts Magnet School

24625 HIGHWAY 88 PIONEER, CA 95666
(209) 295-6500

Mailing: 217 Rex Avenue Jackson, CA 95642

February 7, 2020

Nancy Velasco
President
P.O. Box 777
Pine Grove, CA 95665

Dear Nancy,

This comes with great appreciation for your generous donation of \$400.00 towards our school's science camp fund. This contribution helps us to give scholarships for students who can't afford to go. This gives our students the opportunity to experience the learning of science in a whole new way.

Students will be attending science camp at Sly Park in Pollock Pines next school year. The students have an opportunity to learn outside the classroom, which is very exciting to them. For many, it's the first time away from home. Students come back with a better appreciation for the area that they live in. They also meet students from other schools during this week and develop new friendships. It's a win-win situation!

Sincerely,

Carmen Glaister

CG/tl

AMADOR COUNTY PUBLIC SCHOOLS
Acknowledgment of Donation of Gift/Contribution to District

Date: 2/7/2020
School Site/Department: Sutter Creek Elementary
Name of person completing this form: Tia Peters
Description of Gift/Contribution: \$500 donation for our girls and boys basketball programs at Sutter Creek Elementary.

No goods or services were provided by Amador County Public Schools in return for the contribution.

Does the gift/contribution require Maintenance Department services for installation? [] Yes [] No

If yes, Maintenance Department completes this section.

Required materials for installation: _____

Labor costs of installation: _____

Total: _____ **

Maintenance Director's Signature: _____

Name of Donee/Contributor: Amador Youth Basketball League

Mailing Address: P.O. Box 865

Town: lone Zip: 95640

Telephone No.: _____

Have you acknowledged receipt of gift/contribution with a thank you letter? [] Yes [] No
(If yes, please attach a copy of thank you letter.)

****Note:** If maintenance and material costs for installation are unbudgeted or prohibitively high, the Superintendent may recommend Board rejection of the gift/contribution.



Search mail

Compose

Inbox

Starred

Snoozed

Sent

Drafts 7

Trash

_Outbox

17-18 safety plan

18-19 registration form ...



Donna

Thank you letter Inbox x



Tia Peters

to me

Hi Donna,

*PO Box 865
June CA 95640*

Before I forget, can you type up a thank you letter to Amador Youth basketball for the \$500 donation?

Thanks,

Tia

--

Tia Peters

Principal

Sutter Creek Elementary and Primary Schools

209-257-7200

209-257-7100

tpeters@acusd.org

Donna Giordano

to Tia

Will do!

Donna L Giordano

Administrative Assistant

Message sent. [Undo](#)

No Hangouts contacts

Amador County Unified School District / Amador County Office of Education
Request to Surplus

School Site/Department: ARGONAUT Date: 2-7-2020

Name of Person Completing Form: J Whitaker

Item I.D. # and Inventory Sticker	Description of the Item Including: Brand, Model, Year Purchased	Reason for Surplus Request
	METAL ENGINE LATHE Sheldon Machine Tools from old Zone High	35+ YEARS old NOT USED IN THE LAST 20 YRS VERY RUSTY
Blue Sticker / White 02431 / 01842	METAL ENGINE LATHE from old Zone High	35+ YEARS old NOT USED IN LAST 20+ YEARS RUSTY
01814	DRILL PRESS	OUT DATED
02520	DRILL PRESS	OUT DATED

Administrator's Signature: Carrie JA Date: 2/11/2020

DISTRICT USE

Received by Superintendent's Office _____ Date: _____

Superintendent's recommendation for value and disposal method: _____

Board Approval sent to site: _____ Date: _____

Final Method of Disposal: _____

Responsible Employee's Signature: _____ Date: _____



AMADOR COUNTY PUBLIC SCHOOLS

Out of State Conference Request Form

For the Board Meeting Dated: 2-26-2020
Site: Argo Date of Request: 2/12/2020
Departure Date: 7/12/2020 Return Date: 7/18/2020
Departure Time: Return Time:
Destination of Trip (Location & City): Madison, WI

Purpose of Trip: National Restaurant Assn. Summer Institute
Sponsoring Organization: National Restaurant Assn. Foundation
Source(s) of Funds for Trip: CTEIG
Name of Director/Instructor: RAEAN GADDONI
Number of Attendees: 1
Name(s) of Attendee(s): RAEAN GADDONI

Mode of Travel (circle one): school bus charter bus van plane train
Private vehicle (insurance on file: yes no)

Name and Address of Overnight Accommodations: Fairfield Inn & Suites Madison East - 2702 Crossroads Drive, Madison, WI

Instructor/Director Signature: [Signature] Date: 2/12/2020
Site Administrator Signature: [Signature] Date: 2-20-20 2/14/2020

*NOTE: This form needs to be submitted to the Superintendent's Office 1 week prior to the scheduled Board meeting before the planned trip. All out of state conference requests must be Board approved before occurring.

DISTRICT OFFICE USE ONLY
Received by Superintendent's Office: [Signature] Date: 2-14-2020
Passed by the Board of Trustees Date:



AMADOR COUNTY PUBLIC SCHOOLS

Out of State Conference Request Form

For the Board Meeting Dated: _____

Site: ARGONAUT Date of Request: 2/5/2020

Departure Date: 4/16/2020 Return Date: 4/19/2020

Departure Time: 3pm Return Time: 3pm

Destination of Trip (Location & City): RENO, NV

Purpose of Trip: PROFESSIONAL DEVELOPMENT

Sponsoring Organization: CALIFORNIA STATE ATHLETIC DIRECTORS ASSOCIATION

Source(s) of Funds for Trip: SITE

Name of Director/Instructor: TBA

Number of Attendees: 1

Name(s) of Attendee(s): SCOTT HUNKINS

Mode of Travel (circle one): school bus charter bus van plane train

Private vehicle (insurance on file: yes no)

Name and Address of Overnight Accommodations: PEPPER MILL RENO, NV

Instructor/Director Signature: [Signature]

Date: 2/5/2020

Site Administrator Signature: [Signature]

Date: 2/5/2020

*NOTE: This form needs to be submitted to the Superintendent's Office 1 week prior to the scheduled Board meeting before the planned trip. All out of state conference requests must be Board approved before occurring.

DISTRICT OFFICE USE ONLY

Received by Superintendent's Office: _____ Date: _____

Passed by the Board of Trustees Date: _____