

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**  
**Gift/Donation Form**

Donation is intended for: Weight Room Department Truckee High School

Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Supporting Strategies Reno-Tahoe  
11260 Donner Pass Rd, STE C1 PMB 262 Truckee CA 96161

II. DONOR'S STATEMENT: (Please describe gift/donation in detail) You may use a separate sheet of paper if needed.

Monetary donation for the renovation of the THS Weight Room

**a. DESCRIPTION OF GIFT/DONATION**

1. Estimated value or cost: \$1500<sup>00</sup>
2. Will donation be used for activities or instruction? YES  NO [ ]
3. Will donation be used for before or after school activities or instruction? YES  NO [ ]
4. Will donation be used for specific programs approved by the school Board? YES  NO [ ]
5. Will donation be used only at a specific school site? YES  NO [ ]
6. If this is a grant please attach a copy of the grant application YES [ ] NO

Please refer to Board Policy & Administrative Regulation 3290 for additional information

> on file 12/5/23 [Signature] 12/6/23  
Signature of Donor Date Signature of Principal/Administrator Date

**III. SUPERINTENDENT CHIEF LEARNING OFFICER RECOMMENDATION:**

**Before accepting any gift, the superintendent or designee has considered whether the gift:**

1. Has a purpose consistent with the district's vision and philosophy. Yes  No \_\_\_
2. Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. Yes \_\_\_ No
3. Entails undesirable new or additional costs. Yes \_\_\_ No
4. Adheres to BP 1325 regarding endorsement of business or product. Yes  No \_\_\_
5. Provides comparable educational opportunity for all students at all schools. Yes  No \_\_\_
6. Requires employment or compensation of personnel. Yes \_\_\_ No
7. Places unacceptable restrictions on educational or extracurricular programs or the school district. Yes \_\_\_ No
8. Is inappropriate or detrimental to the best education of students. Yes \_\_\_ No
9. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. Yes  No \_\_\_
10. Meets current health and safety standards. Yes  No \_\_\_

> [Signature] DEC 7 2023  
Superintendent CLO Date

IV. Board Meeting Date: \_\_\_\_\_ Approved: [ ] Denied: [ ]