

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

Donation is intended for: Glenshire Elementary Department                      Fundraiser                     

Type of Donation: Check

**I. DONOR'S NAME/ADDRESS:** Glenshire PTO 10990 Dorchester Drive Truckee CA 96161

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

This donation was to help pay for the purchase of staff jackets for next school year.

- a. **DESCRIPTION OF GIFT/DONATION** 1. Estimated value or cost: \$2,000
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

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JUN 6 2023

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

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Superintendent CLO

JUN 13 2023  
Date

IV. Board Meeting Date:                     

Approved: ☐

Denied: ☐

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