

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Grizzly Ranch Department 6th Grade Grizzly Ranch

Type of Donation: Truckee Optimist Donation

I. DONOR'S NAME/ADDRESS: Truckee Optimist
P.O. BOX 1854
Truckee-CA, 96160

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

a. DESCRIPTION OF GIFT/DONATION

- 1. Estimated value or cost: \$ 1000⁰⁰
- 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? ACMS 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 Date _____ Signature of Donor
Alicia Larson Date 9/23/24 Signature of Principal/Administrator

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 ___

➤ Kerstin Krause Date SEP 25 2024
Superintendent CLO Date

IV. Board Meeting Date: _____ Approved: [] Denied: []