

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: 5th Grade Department TES

Type of Donation: PTO Grant

I. DONOR'S NAME/ADDRESS: PTO - 11911 Donner Pass Rd Truckee, CA

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

donation toward bussing for a field trip for 5th grade.

a. DESCRIPTION OF GIFT/DONATION

- 1. Estimated value or cost: \$ 1,000
- 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

Signature of Donor: [Signature] Date: _____
Signature of Principal/Administrator: [Signature] 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

Superintendent CLO _____ Date _____

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

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