

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: Amy + Kase Macosko

311 Amber Pr. San Francisco CA 94131

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: \$ 500⁰⁰
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: []