

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School District Office Department Student Services Type of Donation - Monetary

I. DONOR'S NAME/ADDRESS: Katz Amsterdam Foundation 2020-2021 Mental Health Grant through Tahoe Truckee Community Foundation

II. DONOR'S STATEMENT: (Please describe gift/donation in detail)

This donation will be used to support student behavior health needs in the Tahoe / Truckee area.

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$ 25,000
2. Will donation be used for activities or instruction? YES [] NO [X]
3. Will donation be used for before or after school activities or instruction? YES [] NO [X]
4. Will donation be used for specific programs approved by the school Board? YES [] NO [X]
5. Will donation be used only at a specific school site? YES [] NO [X]
6. If this is a grant please attach a copy of the grant application YES [X] NO []

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

<u>Signature on File</u>	<u>12/28/20</u>		<u>1/5/21</u>
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 X No ___
2. Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. Yes ___ No X
3. Entails undesirable new or additional costs. Yes ___ No X
4. Adheres to BP 1325 regarding endorsement of business or product. Yes X No ___
5. Provides comparable educational opportunity for all students at all schools. Yes X No ___
6. Requires employment or compensation of personnel. Yes ___ No X
7. Places unacceptable restrictions on educational or extracurricular programs or the school district. Yes ___ No X
8. Is inappropriate or detrimental to the best education of students. Yes ___ No X
9. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. Yes X No ___
10. Meets current health and safety standards. Yes X No ___

<u></u>	<u>1/6/20</u>
Superintendent	Date

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