TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT Gift/Donation Form

Donatio Moneta	on is intended for: Schoolary	District Office De	epartment Stud	ent Services Type	of Donation -
I. DON	OR'S NAME/ADDRES	SS: Katz Amsterdam	Foundation 2020	0-2021 Mental Heal	Ith Grant
	h Tahoe Truckee Commu				
II. <u>DON</u>	NOR'S STATEMENT: (Please describe gift/d	lonation in detai	il)	
This donation will be used to support student behavior health needs in the Tahoe / Truckee area.					
a. <u>DESCRIPTION OF GIFT/DONATION</u>					
1. Estimated value or cost: \$_25,00					
2. Will o	donation be used for activ	rities or instruction?		YES[]	NO[X]
3. Will d	donation be used for befo	re or after school activ	rities or instruction	on? YES[]	NO[X]
4. Will donation be used for specific programs approved by the school Board? YES []					NO [X]
5. Will d	donation be used only at a	a specific school site?		YES[]	NO[X]
6. If this	s is a grant please attach a	copy of the grant app	lication	YES [X]	NO []
Please refer to Board Policy & Administrative Regulation 3290 for additional information					
r lease it	efer to Board Policy & A	<u>dministrative Regulati</u>	<u>on 3290 for addit</u>	ional information	
		07.15075	on 3290 for addit	cional information	1/5/21
>	efer to <u>Board Policy & Al</u> Signature on File Lature of Donor	dministrative Regulati 12/28/20 Date	Jell	cional information Principal/Adminis	1/5/2/ trator Date
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