

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**  
**Gift/Donation Form**

Donation is intended for: ACMS Band Department MUSIC

Type of Donation: Truckee Optimist Donation

I. DONOR'S NAME/ADDRESS: Truckee Optimist  
P.O. Box 1859  
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: \$1000<sup>00</sup>
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 Signature of Donor Date Shin Larson Signature of Principal/Administrator Date 9/23/24

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 \_\_\_

➤ Kesin Kraun  
Superintendent CLO

SEP 25 2024  
Date

IV. Board Meeting Date: \_\_\_\_\_

Approved: [ ]

Denied: [ ]