

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

Gift/Donation Form

Donation is intended for: Sagehen Outdoor Education Program Department Sagehen Outdoor Education Program

Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Martis Camp Foundation 7951 Fleur Du Lac, Truckee, CA 96161

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

\$ 12,000 for 2024-2025 school year

a. DESCRIPTION OF GIFT/DONATION

- 1. Estimated value or cost: \$ 12,000
2. Will donation be used for activities or instruction? YES [X] NO []
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 [X] NO []
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



Signature of Donor: [Signature] Date: 10/19/2023
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 []

Superintendent CLO: [Signature] Date: _____

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

01.9018, 0.9699.00. 1391. 1000. 000. 90. 000.00