

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Donner Trail Elementary Department Schoolwide

Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Park Pictures LLC 184 5th Avenue, New York, NY 10010

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

Donation to Donner Trail Elementary after rental of their parking lot for Toyota commercial shoot

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--|-------------------|----------|
| 1. Estimated value or cost: | <u>\$1,500.00</u> | |
| 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 [] | NO [X] |
| 5. Will donation be used only at a specific school site? | YES [X] | NO [] |
| 6. If this is a grant please attach a copy of the grant application | YES [] | NO [X] |

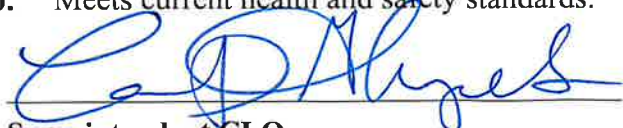
Please refer to Board Policy & Administrative Regulation 3290 for additional information

| | | | |
|---------------------------|-------------|--|------------------|
| <u>on file</u> | |  | <u>8/12/2022</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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2. Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. Entails undesirable new or additional costs. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 4. Adheres to BP 1325 regarding endorsement of business or product. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 5. Provides comparable educational opportunity for all students at all schools. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 6. Requires employment or compensation of personnel. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 7. Places unacceptable restrictions on educational or extracurricular programs or the school district. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 8. Is inappropriate or detrimental to the best education of students. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 9. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 10. Meets current health and safety standards. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|-------------------|
| <u></u> | <u>AUG 2 2022</u> |
| Superintendent CLO | Date |

IV. Board Meeting Date: Aug. 17, 2022 Approved [] Denied: []