

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Truckee High School Department Truckee Robotics

Type of Donation: Check

I. DONOR'S NAME/ADDRESS: FIRST 200 Bedford St. Manchester NH 03101

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

Check donation / Grant to Truckee High School - Truckee Robotics

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$1,449
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? 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

Signature of Donor: [Signature] Date: 2/6/22
 Signature of Principal/Administrator: [Signature] Date: 2/10/22

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

Superintendent CLO: [Signature] Date: FEB 11 2022

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