TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT Gift/Donation Form

Donati	ion is intended for: Weight Room Department The	ee High	School
Type o	of Donation: Monetary		<u>v. </u>
350 II. <u>DO</u>	NOR'S NAME/ADDRESS: Palisades Tahoe Ski O1 Wazle St Ste 400, Dever Co. 80216 NOR'S STATEMENT: (Please describe gift/donation in detail) You er if needed.	u may use a se	parate sheet
	SCRIPTION OF GIFT/DONATION		
1. Estir	mated value or cost:	\$ 500	
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 []
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 [X]	NO []
6. If thi	is is a grant please attach a copy of the grant application	YES[]	NO [X]
>(refer to Board Policy & Administrative Regulation 3290 for additional Conference of Donor Date Signature of Prince		/2-/4-23 rator Date
III. SUPERINTENDENT CHIEF LEARNING OFFICER RECOMMENDATION: Before accepting any gift, the superintendent or designee has considered whether the gift:			
1. 2. 3. 4. 5. 6. 7. 8. 9.	Has a purpose consistent with the district's vision and philosophy. Begins a program which the Board would be unable or unwilling to when the donated funds are exhausted. Entails undesirable new or additional costs. Adheres to BP 1325 regarding endorsement of business or product. Provides comparable educational opportunity for all students at all sequires employment or compensation of personnel. Places unacceptable restrictions on educational or extracurricular proof the school district. Is inappropriate or detrimental to the best education of students. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. Meets current health and safety standards.	schools.	Yes No Yes
Superintendent CLO Date			
Suj	ROUTE GOVE		_