

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

Donation is intended for: School District Office Department Student Services Type of Donation -  
Monetary

**I. DONOR'S NAME/ADDRESS:** Tahoe-Truckee Future without Drug Dependence through the Tahoe Truckee Community Foundation

**II. DONOR'S STATEMENT: (Please describe gift/donation in detail)**

This donation will be used to support School-Based Substance Abuse Programs

**a. DESCRIPTION OF GIFT/DONATION**

- |  |   |  |
|--|---|--|
| 1. Estimated value or cost:  | \$  | <u>18,275.55</u>                           |
| 2. Will donation be used for activities or instruction?                        | YES [ <input checked="" type="checkbox"/> ] | NO [ <input type="checkbox"/> ]            |
| 3. Will donation be used for before or after school activities or instruction? | YES [ <input type="checkbox"/> ]            | NO [ <input checked="" type="checkbox"/> ] |
| 4. Will donation be used for specific programs approved by the school Board?   | YES [ <input checked="" type="checkbox"/> ] | NO [ <input type="checkbox"/> ]            |
| 5. Will donation be used only at a specific school site?                       | YES [ <input type="checkbox"/> ]            | NO [ <input checked="" type="checkbox"/> ] |
| 6. If this is a grant please attach a copy of the grant application            | YES [ <input checked="" type="checkbox"/> ] | NO [ <input type="checkbox"/> ]            |

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

➤ <u>Signature on File</u>	<u>1/3/23</u>	<u>Annmarie Cohen</u>	<u>1/3/23</u>
<b>Signature of Donor</b>	<b>Date</b>	<b>Signature of Principal/Administrator</b>	<b>Date</b>

**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"/> |

➤ Carmen D. Hughes  
**Superintendent**

JAN 3 2022  
**Date**

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

Approved: [ ☐ ]

Denied: [ ☐ ]