

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Reducing emissions for school buses **Department:** Transportation
Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Placer County Air Pollution Control District

II. DONOR'S STATEMENT:

This is a grant award (SCN105388) from Placer County Air Pollution Control District funded by the Community Air Protection Incentive Program, which provides grant funding to projects that implement early actions to achieve emission reductions in excess of those required by regulation.

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--|-------------|--------|
| 1. Estimated value or cost: | \$79,334.43 | |
| 2. Will donation be used for activities or instruction? | YES [] | NO [X] |
| 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

<u>SOF</u>		<i>Janette R. Rondeau</i>	<u>12/4/22</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 ___ 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 _____
Date

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