

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School SHS (038) Department All School Type of Donation Check # 3

I. DONOR'S NAME/ADDRESS: Rotary Club of Truckee / PO Box 180 Truckee CA 96160

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

Donation will be used for Student Incentives
SHS 2022-2023.

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$ 1,750.00
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 _____ Date _____ Signature of Principal/Administrator [Signature] Date 8/23/2022

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"/> |

Superintendent [Signature] Date AUG 25 2022

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