

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Purchase of a new school bus **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 (SCN106216) from Placer County Air Pollution Control District.

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--|--------------|--------|
| 1. Estimated value or cost: | \$165,000.00 | |
| 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

SOF		<i>Janette L. Rondeau</i>	10/23/24
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: []