

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Truckee High School Department Ahtletics - Weight Room

Type of Donation: Monetary Donation

I. DONOR'S NAME/ADDRESS: Anonymous

II. DONOR'S STATEMENT: (Please describe gift/donation in detail) You may use a separate sheet of paper if needed. We want to make a donation to the THS Weight Room Update and Remodel.

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$10,000
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 THS NO
6. If this is a grant please attach a copy of the grant application YES NO

Please refer to Board Polic & Administrative Re ulation 3290 for additional information

on file
Signature of Donor _____ Date _____

[Signature] 11 30 23
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 <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"/> |

➤ [Signature] NOV 30 2023
Superintendent CLO _____ Date _____

IV. Board Meeting Date: _____ Approved: Denied: