

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School: Sierra High **Department:** STEPP Program **Type of Donation:** Monetary

I. DONOR'S NAME/ADDRESS: Tahoe Truckee Community Foundation – Wiesner Family Tahoe
Endowment Fund, P.O. Box 366, Truckee, CA 96160

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

The donation is provided by the Wiesner Family Tahoe Fund through Tahoe Truckee Community Foundation. It is a donation the STEPP Program has been fortunate to receive from the family endowment over the past several years. The donation is for supplies and enrichment activities for the program.

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--|-----------------|----------|
| 1. Estimated value or cost: | <u>\$ 2,000</u> | |
| 2. Will donation be used for activities or instruction? | YES [x] | NO [] |
| 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 [x] | NO [] |
| 6. If this is a grant please attach a copy of the grant application | YES [] | NO [x] |

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

➤ *Signature on file* JLS 11/5/21
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 <u>X</u> No <u> </u> |
| 2. | Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. | Yes <u> </u> No <u>X</u> |
| 3. | Entails undesirable new or additional costs. | Yes <u> </u> No <u>X</u> |
| 4. | Adheres to BP 1325 regarding endorsement of business or product. | Yes <u>X</u> No <u> </u> |
| 5. | Provides comparable educational opportunity for all students at all schools. | Yes <u>X</u> No <u> </u> |
| 6. | Requires employment or compensation of personnel. | Yes <u> </u> No <u>X</u> |
| 7. | Places unacceptable restrictions on educational or extracurricular programs or the school district. | Yes <u> </u> No <u>X</u> |
| 8. | Is inappropriate or detrimental to the best education of students. | Yes <u> </u> No <u>X</u> |
| 9. | Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. | Yes <u>X</u> No <u> </u> |
| 10. | Meets current health and safety standards. | Yes <u>X</u> No <u> </u> |

Superintendent [Signature] Date 1/6/21

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