

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**  
**Gift/Donation Form**

Donation is intended for: School SHS Department STEPP Program Type of Donation monetary

**I. DONOR'S NAME/ADDRESS:** Truckee Tahoe Airport District, 10356 Truckee Airport Road,  
Truckee, CA 96161

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

Assist in the purchase of books for children ages 0-5 to have in their home libraries. This will give more exposure to literature.

**a. DESCRIPTION OF GIFT/DONATION**

- |  |                    |
|--|--------------------|
| 1. Estimated value or cost:  | <u>\$ 1,500.00</u> |
| 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 [ ] NO [ X ]   |
| 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

<u>Signature on File</u>		<u>2/17/2021</u>	
<b>Signature of Donor</b>	<b>Signature of Principal/Administrator</b>	<b>Date</b>	

**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"/> |

<u>Superintendent</u>	<u>FEB 18 2021</u>
<b>Superintendent</b>	<b>Date</b>

IV. Board Meeting Date: \_\_\_\_\_ Approved: [ ] Denied: [ ]