

**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 (SCN106217) 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

<u>SOF</u>		<i>Janelle R. Rordeau</i>	<u>10/23/24</u>
<b>Signature of Donor</b>	<b>Date</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 ___ 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: [ ]