

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

Donation is intended for: School 038 Department All School Type of Donation Check #004077

I. DONOR'S NAME/ADDRESS: Optimist Club of Truckee / P.O. Box 1859 Truckee, CA 96161

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

Donation will be used for Student Incentives  
SHS 2023-2024

a. DESCRIPTION OF GIFT/DONATION

- |  |   |
|--|---|
| 1. Estimated value or cost:  | <u>\$1,000.00</u>   |
| 2. Will donation be used for activities or instruction?                        | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. Will donation be used for before or after school activities or instruction? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. Will donation be used for specific programs approved by the school Board?   | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5. Will donation be used only at a specific school site?                       | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 6. If this is a grant please attach a copy of the grant application            | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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

> _____	Date		8/15/23 Date
Signature of Donor		Signature of Principal/Administrator	

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>Kevin Kraus</u>	AUG 23 2023
Superintendent	Date

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