

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: TTUSD Department Food & Nutrition Services

Type of Donation: Non-profit donation to implement nutrition & culinary education; operational support

I. **DONOR'S NAME/ADDRESS:** Sierra Harvest, 313 Railroad Ave STE 201 Nevada City CA 95959

II. **DONOR'S STATEMENT:** (Please describe gift/donation in detail) You may use a separate sheet of paper if needed. This donation is from Sierra Harvest to support TTUSD culinary training for Food & Nutrition staff members.

a. DESCRIPTION OF GIFT/DONATION

- | | |
|--|---|
| 1. Estimated value or cost: | \$1,600.00 |
| 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 type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input checked="" 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

➤ Sierra Harvest	6/26/23	<u>Kat Adkins</u>	6/26/23
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 <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>Kuon Kuon</u>	<u>7/3/23</u>
Superintendent CLO	Date

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

Received 4/30 Amu