TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School Next STEPP **Dept** Early Learning **Type of Donation** Montery

I. DONOR'S NAME/ADDRESS: Nevada County Supt. of Schools

II. DONOR'S STATEMENT: (Please describe gift/donation in detail)
Next Stepp for shade in our play yard -

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost:	$ 5,321.44	
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 [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 _____ 10/9/23

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 ✓	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 ___

➢ _____ OCT 9 2023

Superintendent **Date**

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