

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

Donation is intended for: School DO Department Student Services Type of Donation Monetary

**I. DONOR'S NAME/ADDRESS:** Katz Amsterdam Foundation 12/1/2023 – 11/30/2024 Mental Health Grant through Tahoe Truckee Community Foundation

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

This donation will be used to support student behavior health needs in the Tahoe / Truckee area.

**a. DESCRIPTION OF GIFT/DONATION**

1. Estimated value or cost: \$ 15,000
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 [ ] NO [ X ]
6. If this is a grant please attach a copy of the grant application (*none*) YES [ X ] NO [ ]

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

➤ <u>Signature on File</u>	<u>12/21/23</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 <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"/> |

➤  JAN 3 2023

**Superintendent** **Date**

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