

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School: SHS Department: STEPP Type of Donation: monetary

I. DONOR'S NAME/ADDRESS: Tahoe Truckee Community Foundation, Wiesner Family Tahoe Endowment Fund, PO Box 366 Truckee, CA 96160

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

The donation is provided by the Wiesner Family Tahoe Fund through Tahoe Truckee Community Foundation. The STEPP Program has been fortunate to receive this donation from the family endowment over the pas several years. The donation is for supplies and enrichment activities for the program.

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|
| 1. Estimated value or cost: | \$ <u>2,000</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 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 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

<u>Signature on file</u>		<u>Annamarie Oh</u>	<u>3/10/23</u>
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>Carman D. Phelps</u>	<u>MAR 15 2023</u>
Superintendent	Date

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