

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

Gift/Donation Form

Donation is intended for: THS Snowboard Team Department
Type of Donation: POC Helmets

I. DONOR'S NAME/ADDRESS: Mountain Home Center 11403 Brockway Road Truckee CA 96161

II. DONOR'S STATEMENT: (Please describe gift/donation in detail) (530) 587-6681

POC Helmets for Truckee High Snowboard Team

a. DESCRIPTION OF GIFT/DONATION

- 1. Estimated value or cost: \$1082.50
2. Will donation be used for activities or instruction? YES [X] NO []
3. Will donation be used for before or after school activities or instruction? YES [X] NO []
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 []

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

On file 1/12/2021 Signature of Donor Date
Signature of Principal/Administrator 1/12/21 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 [X] No []
2. Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. Yes [] No [X]
3. Entails undesirable new or additional costs. Yes [] No [X]
4. Adheres to BP 1325 regarding endorsement of business or product. Yes [X] No []
5. Provides comparable educational opportunity for all students at all schools. Yes [X] 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 [X]
8. Is inappropriate or detrimental to the best education of students. Yes [] No [X]
9. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. Yes [X] No [X]
10. Meets current health and safety standards. Yes [X] No []

Superintendent Date JAN 13 2021

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