

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Staff donation Department: Glenshire Type of Donation: Check I. DONOR'S

NAME/ADDRESS: Soroush Rahimian 11110 Henness Rd, Truckee CA 96161

II. DONOR'S STATEMENT: (Please describe gift/donation in detail) You may use a separate sheet of paper if needed.

This donation will be used to help provide supportive texts for the staff to enhance knowledge and use of the nurtured heart approach. a. DESCRIPTION OF GIFT/DONATION 1. Estimated value or cost: \$1706.53

- 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 [] 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 [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

Rahimian 10-13-2023



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 that 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 opportunities 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"/> |

➤ 
Superintendent CLO

OCT 20 2023
Date

IV. Board Meeting Date: _____

Approved: []

Denied: []