

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Weight Room Department Truckee High School

Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Soroptimist International of Truckee
P.O. Box 1423, Truckee CA 96160


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

Monetary donation for the renovation of the THS Weight Room

a. DESCRIPTION OF GIFT/DONATION

- | | |
|--|---|
| 1. Estimated value or cost: | <u>\$1,000</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 checked="" type="checkbox"/> NO <input 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 type="checkbox"/> |

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

<u>On file</u>	<u>2/26/24</u>		<u>2/26/24</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"/> |

> _____ FEB 29 2024
Superintendent CLO Date

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