

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

Gift/Donation Form

Kathryn Markovchick

Reading Resource

Donation is intended for: School THS Department Type of Donation CASH

I. DONOR'S NAME/ADDRESS: Bill Nguyen, 10230 Donner Pass Rd, Truckee, 96161

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

Developing enthusiasm, comprehension, and habit for reading provides the fundamental skill for a lifetime of creativity and fulfillment.

a. DESCRIPTION OF GIFT/DONATION

- 1. Estimated value or cost: \$ 3,000
2. Will donation be used for activities or instruction? per Ms. Markovchick 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 [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

Signature of Donor: [Signature] Date: 05/05/2023
Signature of Principal/Administrator: [Signature] Date: 5/5/23

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 [x]
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 []
10. Meets current health and safety standards. Yes [x] No []

Superintendent: _____ Date: _____

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