

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Summer Writing Program Department Summer Program

Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Bessie Minor Swift Foundation, 501 Silverside Road – Ste 123,
Wilmington, DE 19809

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

Program promoting a love of writing and reading while strengthening students 'writing skills in the summer

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$3,000.00
2. Will donation be used for activities or instruction? YES ☒ NO ☐
3. Will donation be used for before or after school activities or instruction? YES ☒ NO ☐
4. Will donation be used for specific programs approved by the school Board? YES ☐ NO ☒
5. Will donation be used only at a specific school site? YES ☐ 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) April 18, 2022

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"/> |

> [Signature]
Superintendent CLO

APR 26 2022
Date

IV. Board Meeting Date: _____

Approved: []

Denied: []