

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School STEPP Program Department Sierra High School Type of Donation Monetary

I. DONOR'S NAME/ADDRESS: Nevada County Quality Counts, 380 Crown Point Circle, Grass Valley, CA 95945

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

The funding was granted through STEPP Program and participation in Early Quality Matters. The money is for equipment for the program based on needs from our Infant Toddler Environment Rating Scale.

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--|--------------------|--------|
| 1. Estimated value or cost: | \$ <u>3,300.00</u> | |
| 2. Will donation be used for activities or instruction?— | YES [] | NO [x] |
| 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 [x] |

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

<u>Signature on file</u>			<u>7/23/21</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"/> |

<u>Superintendent</u>	<u>JUL 28 2021</u>
Superintendent	Date

IV. Board Meeting Date: 8/4/21 Approved: [] Denied: []