

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**  
**Gift/Donation Form**

Donation is intended for: THS Weight Room Department Physical Education

Type of Donation: Check

**I. DONOR'S NAME/ADDRESS:** Athletics ASB Account

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

Athletics is giving \$25,000.00 to Truckee High School for the weight room upgrade.

**a. DESCRIPTION OF GIFT/DONATION**

1. Estimated value or cost: \$25,000.00
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

➤  2/8/24  
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  No
2. Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. Yes  No
3. Entails undesirable new or additional costs. Yes  No
4. Adheres to BP 1325 regarding endorsement of business or product. Yes  No
5. Provides comparable educational opportunity for all students at all schools. Yes  No
6. Requires employment or compensation of personnel. Yes  No
7. Places unacceptable restrictions on educational or extracurricular programs or the school district. Yes  No
8. Is inappropriate or detrimental to the best education of students. Yes  No
9. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. Yes  No
10. Meets current health and safety standards. Yes  No

➤  2/15/2024  
Superintendent CLO Date

IV. Board Meeting Date: \_\_\_\_\_

Approved: [ ]

Denied: [ ]