

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Alder Creek Middle School Department 6th grade field trip

Type of Donation: Cash donation

I. DONOR'S NAME/ADDRESS: Truckee Rotary Foundation, P.O. Box 3210, Truckee, CA 96160

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

Cash donation for the 6th grade outdoor education field trip

a. DESCRIPTION OF GIFT/DONATION

- | | |
|--|---------------------|
| 1. Estimated value or cost: | <u>\$2,400.00</u> |
| 2. Will donation be used for activities or instruction? | 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 [X] |

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

<u>(on file)</u>	<u>Hien Larson</u>	<u>4/9/2020</u>
Signature of Donor	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 <u>X</u> No <u> </u> |
| 2. Begins a program which the Board would be unable or unwilling to continue when the donated funds are exhausted. | Yes <u> </u> No <u>X</u> |
| 3. Entails undesirable new or additional costs. | Yes <u> </u> No <u>X</u> |
| 4. Adheres to BP 1325 regarding endorsement of business or product. | Yes <u>X</u> No <u> </u> |
| 5. Provides comparable educational opportunity for all students at all schools. | Yes <u>X</u> No <u> </u> |
| 6. Requires employment or compensation of personnel. | Yes <u> </u> No <u>X</u> |
| 7. Places unacceptable restrictions on educational or extracurricular programs or the school district. | Yes <u> </u> No <u>X</u> |
| 8. Is inappropriate or detrimental to the best education of students. | Yes <u> </u> No <u>X</u> |
| 9. Meets any applicable federal, state or local and school district regulations/guidelines associated with its construction or use. | Yes <u>X</u> No <u> </u> |
| 10. Meets current health and safety standards. | Yes <u>X</u> No <u> </u> |

<u>[Signature]</u>	<u>APR 15 2020</u>
Superintendent CLO	Date

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