

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Gilenshire Department Entire School Lexia Subscription
Type of Donation - check

I. DONOR'S NAME/ADDRESS: Gilenshire PTO 10990 Dorchester Drive, Truckee CA, 96244

II. DONOR'S STATEMENT: (Please describe gift/donation in detail)
This check will be used to help fund the Lexia Reading/Language Arts program that is used with grades TK-5th.

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$ 5,950
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 - Date _____ Signature of Donor
Kevin Kraem 10/13/2021 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 ___

> [Signature] Date OCT 15 2021
Superintendent

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

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