

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

Please refer to [Board Policy 3290](#) for additional information

The donation/grant is intended for school Department Physical Education

Type of Donation: in-kind

**I. DONOR'S NAME/ADDRESS:** First Push Syndicate 61 Locust Street Dover, NH 03870

**II. DONOR'S STATEMENT:** (Please describe the donation/grant in detail.) You may attach a separate document if needed.

Attached

**a. DESCRIPTION OF DONATION/GRANT**

1. Estimated value or cost: \$ 5,000.00

2. Will the donation be used for activities or instruction? Yes

3. Will the donation be used for before or after-school activities or instruction? No

4. Will the donation be used for specific programs approved by the school Board? Yes

5. Will the donation be used only at a specific school site? Yes

6. Is this a grant? Yes If yes, please attach a copy of the grant application.

<u>Beau Lambert</u>	<u>01/15/2025</u>	<u>Hien Larson</u>	<u>01/15/2025</u>
<b>Signature of Donor</b>	<b>Date</b>	<b>Signature of Principal/Administrator</b>	<b>Date</b>

**III. SUPERINTENDENT CHIEF LEARNING OFFICER RECOMMENDATION:**

**Before accepting, the Superintendent CLO or designee has considered whether the award:**

1. Has a purpose consistent with the district's vision and philosophy.
2. Does not begin a program that the Board would be unable or unwilling to continue when the donated funds are exhausted.
3. Does not entail undesirable new or additional costs.
4. Adheres to BP 1325 regarding endorsement of business or product.
5. Provides comparable educational opportunities for all students at all schools.
6. Does not require employment or compensation of personnel.
7. Does not place unacceptable restrictions on educational or extracurricular programs or the school district.
8. Is not inappropriate or detrimental to the best education of students.
9. Meets any applicable federal, state, or local and school district regulations/guidelines associated with its construction or use.
10. Meets current health and safety standards.

➤ Kerstin Kramer 01/15/2025  
**Superintendent CLO** **Date**

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