

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

Donation is intended for: School NTHS Department SPECIAL EDUCATION Type of Donation MONETARY

I. DONOR'S NAME/ADDRESS: ANONYMOUS DONOR ADVISED FUND HELD AT TAHOE TRUCKEE COMMUNITY FOUNDATION, P.O. BOX 300, TRUCKEE, CA 96160

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

UNRESTRICTED DONATION TO NTHS SPECIAL EDUCATION DEPARTMENT IN ACKNOWLEDGEMENT OF STAFF WORKING WITH SPECIAL ED. STUDENTS AND IS NOT MEANT TO REPLACE ANY FUNDS ALLOCATED TO THIS DEPT. AT NTHS, B
a. DESCRIPTION OF GIFT/DONATION TO SUPPLEMENT THOSE FUNDS.

- | | | |
|--|---|--|
| 1. Estimated value or cost: | <u>\$ 10,000</u> | |
| 2. Will donation be used for activities or instruction? | YES [<input checked="" type="checkbox"/>] | NO [] |
| 3. Will donation be used for before or after school activities or instruction? | YES [<input checked="" type="checkbox"/>] | NO [] |
| 4. Will donation be used for specific programs approved by the school Board? | YES [<input checked="" type="checkbox"/>] | NO [] |
| 5. Will donation be used only at a specific school site? | YES [<input checked="" type="checkbox"/>] | NO [] |
| 6. If this is a grant please attach a copy of the grant application | YES [] | NO [<input checked="" type="checkbox"/>] |

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

<u>[Signature]</u>	<u>for</u>	<u>9/28/22</u>	<u>[Signature]</u>	<u>10/4/22</u>
Signature of Donor	TTCF	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"/> |

> [Signature] 10/12/22
 Superintendent Date

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