TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT Gift/Donation Form

Donation is intended for: _____Glenshire Elementary _____ Department _____ Special Friends Program____ Type of Donation: _____Monetary__

I. DONOR'S NAME/ADDRESS: _Martis Camp Community Foundation, Truckee, CA

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

_____\$30,000 for Special Friends Program to support the wellness center program

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost:	\$30,000	
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 [X]	NO []

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

\succ	on file	7/1/2022	Jeff Santos	7/11/2022
	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. 2.	Has a purpose consistent with the district's vision and philosophy Begins a program which the Board would be unable or unwilling to continu	Yes <u>X</u> _No
4.	when the donated funds are exhausted	Yes No <u>_X</u>
3.	Entails undesirable new or additional costs	Yes $No X$
4.	Adheres to BP 1325 regarding endorsement of business or product	Yes <u>X</u> _No
5.	Provides comparable educational opportunity for all students at all schools	Yes <u>X</u> _ No
6.	Requires employment or compensation of personnel	Yes $No X$
7.	Places unacceptable restrictions on educational or extracurricular programs	
	or the school district.	Yes $No X_$
8.	Is inappropriate or detrimental to the best education of students.	Yes $\underline{}$ No $\underline{}X$
9.	Meets any applicable federal, state or local and school district	
	regulations/guidelines associated with its construction or use.	Yes X_No
10.	Meets current health and safety standards.	Yes <u>X</u> No
(Carmen D. Shipelo	11/2/2022
Supe	erintendent CLO	Date

Approved: []

Superintendent CLO

IV. Board Meeting Date: _____

Denied: []

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