

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: Tahoe Truckee Media (TTM) Backhaul Upgrade Project Equipment

I. DONOR'S NAME/ADDRESS: Truckee Tahoe Community Television Corp.
16137 Oxford Circle, Truckee CA 96161

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

Donation to be specifically applied to cost of replacing failing devices in use on fiber links connecting TTM's broadcast facilities at TTUSD, TDPUD, Town Hall, and TTAD, and enabling upgrade to High Definition.

a. DESCRIPTION OF GIFT/DONATION

- | | | |
|--|---|-------------------|
| 1. Estimated value or cost: (see Grass Valley Invoice attached) | | <u>\$2,200.00</u> |
| 2. Will donation be used for activities or instruction? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 3. Will donation be used for before or after school activities or instruction? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 4. Will donation be used for specific programs approved by the school Board? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 5. Will donation be used only at a specific school site? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 6. If this is a grant please attach a copy of the grant application | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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

> J. Ballister March 23, 2021
 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. 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] APR 27 2021
 Superintendent Date

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