

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

Donation is intended for: Weight Room Department Truckee High School

Type of Donation: Monetary

I. DONOR'S NAME/ADDRESS: Cinder Cone Ventures LLC  
11465 Cinder Cone CT, Truckee CA 96161

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

Monetary donation for the renovation of the THS Weight Room

**a. DESCRIPTION OF GIFT/DONATION**

1. Estimated value or cost: \$1,000<sup>00</sup>

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-fu 11/21/23 [Signature] 11/21/23  
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] NOV 30 2023  
Superintendent CLO Date

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

Approved: ☐

Denied: ☐