

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

Donation is intended for: Glenshire Elementary Department: Physical Education  
Type of Donation - CHECK

**I. DONOR'S NAME/ADDRESS:** Jaime Hemmerling JC and Jessie Seacrest Family Foundation

**II. DONOR'S STATEMENT: (Please describe gift/donation in detail)**  
This donation was given to Glenshire from the Supplemental Matching Gift program in recognition of a financial gift given by Christina Baker.  
P.O. Box 81067  
Lincoln, NE 68501

**a. DESCRIPTION OF GIFT/DONATION**

1. Estimated value or cost: \$500.00
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

➤ Please see attached Donation letter Kevin Krum 4/28/21  
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 checked="" 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 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] MAY - 4 2021  
Superintendent Date

IV. Board Meeting Date: \_\_\_\_\_ Approved: [ ] Denied: [ ]