

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Gift/Donation Form

Donation is intended for: School Department Student Services Type of Donation Monetary

I. DONOR'S NAME/ADDRESS: Tahoe Forest Hospital (Lead Grant Awardee)

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

The goal of the planning grant is to build a local Network of Care to effectively support children with high ACEs scores and implement protocols for interrupting the toxic stress response in children and health

a. DESCRIPTION OF GIFT/DONATION

1. Estimated value or cost: \$ 20,000
2. Will donation be used for activities or instruction? YES [] NO [X]
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 [] NO [X]
5. Will donation be used only at a specific school site? YES [] NO [X]
6. If this is a grant please attach a copy of the grant application YES [] NO [X]
(TTUSD did not submit the grant application)

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

<u>Signature on File</u>		MAY 25 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"/> |

<u>Superintendent</u>	MAY 25 2021
Superintendent	Date

IV. Board Meeting Date: 6/16/21 Approved: [] Denied: []