DONATION ACCEPTANCE FORM

Date of Donation:						
Department Receiving Donation:						
Donor Name:						
Donor Address:						
City, State:				Zip:		
Phone:				Email:		
Value of Dona	ition:	Cash	\$	_	N	on-Cash \$
For donations of supplies/o (Model number, serial num		_	a description of the	items do	ona	ted.
			modifications to Grounds Section	_		cility or grounds, complete e 2 of this form.

*** APPROVAL REQUIRED FOR ALL DONATIONS ***

Per City Policy:

- 1. The City delegates the authority to accept unsolicited gifts on behalf of the City.
- 2. Gifts acceptance should comply with City Policy.
- 3. **Regardless of cost,** donations of the following items shall be reviewed by the Finance Department and other departments as applicable:
 - a. Computer and technology equipment;
 - b. Contracted services;
 - c. Equipment that requires additional electrical capacity or additional space; and
 - d. Additions, removal or modifications of any City facilities, structures or grounds.
- 4. Once accepted, a gift becomes the sole property of the City.
- 5. ALL donations shall comply with City Policy (see Criteria for Acceptance).

	Print Name	Signature	Date	Approved	Denied
Director					
Asst.					
Facilities/Technology					
Other (if applicable)					

Finance Director			
Board Approval Date (if a	applicable)		

REQUEST TO MODIFY /GROUNDS RELATED TO DONATIONS

MODIFICATIONS REQUESTED

Area(s) to be modifi	ed	Specific Modifications Requested
ORK TO BE COMPLETED	BY:	
ORK TO BE COMPLETED	BY:	Please Describe:
	BY:	Please Describe:
	BY:	Please Describe:
City Facilities Dept.	BY:	Please Describe:
City Facilities Dept.	BY:	Please Describe:
City Facilities Dept. City Staff Other	BY:	Please Describe:
City Facilities Dept. City Staff Other	BY:	Please Describe:
City Facilities Dept. City Staff Other	BY:	Please Describe:
City Facilities Dept. City Staff Other	BY:	Please Describe:
City Facilities Dept. City Staff Other	BY:	Please Describe:
ORK TO BE COMPLETED City Facilities Dept. City Staff Other Please describe For Internal Use Only	BY:	Please Describe:
City Facilities Dept. City Staff Other Please describe For Internal Use Only		
City Facilities Dept. City Staff Other Please describe For Internal Use Only Projected TOTAL cost of		Please Describe:
City Facilities Dept. City Staff Other Please describe For Internal Use Only		