

Gifts-in-Kind Information Form

INSTRUCTIONS:

This form is to be completed by Texas Tech University Health Sciences Center (TTUHSC) personnel who are approached by a person who is a prospective donor of a gift-in-kind (gifts other than cash and securities). The gift must be officially accepted on behalf of TTUHSC before a gift receipt can be issued for the gift. This form should be completed through Item 10 and forwarded to the Office of Institutional Advancement (TTU MS 1081).

1. PROSPECTIVE DONOR(S):

Name: _____

Address: _____

Social Security or Tax I.D. Number: _____

Contact Person, if appropriate: _____

2. CLASSIFICATION OF PROSPECTIVE DONOR(S): (Check one)

Alumnus ()

Corporation ()

Parent ()

Friend ()

Foundation ()

Other ()

If other, please specify: _____

3. PROPOSED GIFT: (Complete and accurate description of the proposed gift.)

4. APPRAISAL/FAIR MARKET VALUATION OF GIFT: (Attach actual appraisal or fair market valuation to this form)

Amount of Appraisal: _____

Name of Appraiser: _____

Address of Appraiser: _____

_____ Phone: _____

Qualifications: _____

5. GIFT RESTRICTION: (Please check one)

() There are no restrictions on the gift.

() There are restrictions on the gift that impose an obligation/limitation upon the ownership and/or disposition of it by TTUHSC. The conditions or restrictions are as follows:

If the gift is art, please check the entity to which it is being given:

() HSC Public Art Collection () Other _____

6. BENEFIT TO THE UNIVERSITY AND/OR PROGRAM: (Usually completed by the administrative head of the department to receive the gift)

7. EXPENSES CONNECTED TO GIFT:

Out-of-pocket: (Transportation, set-ups, taxes, insurance, maintenance, utilities, association dues, major repair, etc.)

Source of funds:

Contingent costs: (e.g., liens, mortgages, easements, etc.)

Source of funds:

Evidence of ownership: (Attach copy of title, if applicable)

8. TTUHSC CONTACT:

Name: _____

Title: _____

Department/Division: _____

TTUHSC Address: _____ Phone: _____

9. EVALUATION BY ADMINISTRATIVE HEAD: (Check one)

() I recommend acceptance of the gift as presented.

() I recommend acceptance of the gift with the following stipulations:

() I do not recommend acceptance of the gift for the following reasons:

Department Chair or
Administrative Head Signature: _____

Date: _____

10. APPROVAL OR DISAPPROVAL BY DEAN OR DIRECTOR AT TTUHSC:
(Check one)

- I recommend acceptance of the gift as presented.
- I do not recommend acceptance of the gift for the following reasons:

Dean/Director Signature: _____
Date: _____

11. APPROVALS: (This form, together with any attachments, is to be routed through the following officers in the order indicated below)

Vice Chancellor for Institutional Advancement: _____
Date: _____

Copy of form sent to Museum Executive Director if gift is art: _____
Date: _____

Copy of form sent to Manager, HSC Public Art Collection, if gift is art: _____
Date: _____

Environmental Health and Safety (if gift involves chemicals and/or equipment producing or containing hazardous material): _____
Date: _____

Vehicle Fleet Manager (if gift is a motor vehicle): _____
Date: _____

Executive Vice President _____
for Finance & Administration: Date: _____

President of the University: _____
(if appraisal exceeds \$10,000) Date: _____

Board of Regents: _____
(if appraisal exceeds \$1 Million) Date: _____