**CHECKLIST for NON-CASH GIFTS  
College employee must complete this form**

**Describe Gift:**

**Date of contact or letter attach:**

**Name of potential donor:**

**Mailing Address:**

**Telephone Number:**

**Email Address:**

**Disclosure of any known relationship to A-B Tech Foundation and/or employees, including current Board of Trustees or other employees:**

**Name of Person initiating checklist:** **Phone Ext.**

**What is the estimated per unit value of the proposed gift (as guessed by donor and to be assigned later)?**

**(a) If the value of gift is less than $5,000, the decision whether to accept or reject can be made by the department head through consultation with appropriate Dean or Vice President and A-B Tech Foundation, Inc. Use the Checklist as a guide to determine the potential consequences of acceptance and file it within your department only.**

**(b) If the value of gift is over $5,000, the following checklist must be completed. Wherever there is a Yes response, provide more description at the end of the checklist and obtain the initials of the Office involved as indicated. Send a completed copy to everyone who signed off on the gift.**

**B. What type of storage is required?**

**C. If this gift requires the use of any College's facilities and administrative services, please describe:**

Email completed form or direct questions to A-B Tech Foundation (Email: [advancement@abtech.edu;](mailto:advancement@abtech.edu) Phone: 828 398-7177)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *The following checklist is intended as a mechanism to think through the acceptance of a potential gift and should be completed and circulated in a timely manner. We do not wish to discourage valuable gifts to the College and understand that a prompt response to the donor is often necessary. If there is no time to obtain written approval, phone calls should be made and a notation on the form should be made to document the conversation.* | | | | | |
| If an answer to one of the questions below is YES, forward the checklist to the department listed in second column for review and initials and provide more information on the comments section under checklist. If time is urgent, fax to multiple offices simultaneously, as necessary. | | | | |
|  | **Click the applicable box to check/select/choose** | | **Insert  Initials** | **Insert  Initials** |
|  | **No** | **Yes** | **Recipient Department** | **Other Approvals** |
| 1. Was the gift solicited by anyone in the College? |  |  |  |  |
| 1. Does the donor have a preference for use or location of the gift? |  |  |  | Foundation |
| 1. Are there any known conditions imposed in the acceptance of the gift? |  |  |  |  |
| 1. Does this gift include any technology and software?   If yes, contact the Vice President of Operations/CIO for review. |  |  |  | CIO |
| 1. Does the gift involve research or academic utility?   If yes, contact the VP, Instructional Services for review. |  |  |  | Instructional Services |
| 1. Does the donor intend to take a tax deduction and need a receipt? |  |  |  | Foundation |
| 1. Does the Equipment Coordinator need to be notified in case of equipment inventory or surplus? |  |  |  | Equipment Coordinator |
| 1. Will it cost the College anything to move, repair, assemble or install?   If yes, describe and estimate the one-time cost: |  |  |  | Controller |
| 1. Does the Facilities Office need to review the gift to determine infrastructure considerations or review quality or functioning level (e.g., automotive shop to check vehicle, electrical shop to check equipment, required moving or rigging)? |  |  |  | Facilities and Operations |
| 1. Does the Safety Group need to determine if any safety hazard exists or if disposal of hazardous materials would be involved if the College accepted the gift? |  |  |  | Facilities and Operations |
| 1. Will the gift require additional insurance coverage? |  |  |  | Facilities and Operations |
| 1. Will there be an expense to the College to maintain this gift?   If yes, estimate annual cost: |  |  |  | Controller |
| 1. Will use of the gift generate any income?   If yes, contact the Business Office for determination of account to be credited for income. [Account # ] |  |  |  | Controller |
| 1. Is the gift one of real property that is non-consumable and non-expendable and may be considered a depreciable fixed asset to the College and part of the Asset Management system, (per Capitalization Policy), to be entered as part of the physical inventory of the College? |  |  |  | Equipment Coordinator |

**If yes to any of the questions above, please describe in more detail below.**

**Acceptance of Gift**

**\_\_\_\_\_\_\_\_\_\_\_**

**Initiating Department signature                                                     Date**

**\_\_\_\_\_\_\_\_\_\_\_**

**Vice President/Dean signature                                               Date**

**\_\_\_\_\_\_\_\_\_\_\_**

**A-B Tech Foundation signature                                               Date**

**If donation “as is” value is $5,000 or more per unit, send to Associate Vice President, Business Services/CFO for final determination of fair market value for accounting purposes.**

**\_\_\_\_\_\_\_\_\_\_\_**

**AVP, Business Services/CFO signature                                     Date**