

California State University, Fresno
Gift-in-Kind Acceptance Form

College/School: _____ Department: _____
Date of Gift: _____, 20____
Description of Gift: _____

Donor: _____
Address, City, State, Zip: _____
Telephone: () _____ Soc Sec/Tax I.D. # _____
Fair Market Value Claimed by Donor: \$ _____

Name of person completing this form: _____ Phone: _____ M/S: _____

Note: If the total claimed fair market value of the gift *exceeds* \$500, the donor (if said donor is an individual, a closely held corporation, a partnership, an S corporation, or a personal service corporation) must complete IRS Form 8283, Non-cash Charitable Contributions, but no formal appraisal is required. **If the total** claimed fair market value of the **gift exceeds \$5,000**, the **donor must complete IRS Form 8283 and must obtain a qualified appraisal**. The Vice President for Advancement is the person authorized to sign the Donee Acknowledgment on behalf of the University (M/S TA118). The Executive Director of Auxiliary Services is the person authorized to sign the Donee Acknowledgment on behalf of the Agricultural Foundation (M/S OF33). The Executive Director of the Foundation is authorized to sign the Donee Acknowledgment on behalf of the Foundation (M/S TA118).

All gifts accepted by the University or its Auxiliary Corporation must be in accordance with applicable sections of Title 5 California Code (Section 42300-42301).

Please complete the following:

- **Gifted to:** (check one)
 Ag Foundation Ag Ops (University) Foundation University
- **Space and Facilities:** Describe the space and facilities needed for this equipment, the need for new utility connections, special installation or alterations, and indicate how such costs will be defrayed.

Description of space requirements: _____

Other Considerations: _____

- **Operation and Repair Costs:** Describe probable amounts for operation, repair or maintenance, and electrical requirements: _____

- **Restrictions:** Are there any restrictions to the acceptance of this gift? Yes No
If yes, state restrictions: _____

Recommendation and Signatures:

Campus Person Requesting Gift Acceptance: _____ Yes No
Department Chair or equivalent: _____ Yes No
School Dean or equivalent: _____ Yes No
College/School Development Director: _____ Yes No
Vice President for Advancement: _____ Yes No
Executive Director, Ag Foundation/Foundation: _____ Yes No