

DBM Control No. _____

DBM GIFT/GRANT ACCEPTANCE FORM

A. AGENCY INFORMATION

- 1. Agency requesting acceptance of gift: _____
- 2. Agency/Program Budget Code: _____
- 3. Agency point -of-contact: _____

(Name)
(Phone)

_____ (Title)

B. DESCRIPTION OF GIFT/GRANT

- 1. Type of Gift/Grant:
 - _____ Aircraft
 - _____ Info. Proc. Equip.
 - _____ Personal Property
 - _____ Real Property
 - _____ Vehicle
 - _____ Vessel
 - _____ Other
 - _____ Funds - Specify object to which funds will be applied:

- 2. In the space below, provide any other appropriate information which describes the nature and condition of the gift/grant such as: brand name, reference numbers, serial and model numbers, condition, dimensions, color, legal description of real property, etc. Attach or include any relevant documents from the donor/grantor.

C. DONOR/GRANTOR

- 1. Name: _____
- 2. Address: _____
- 3. Telephone: _____

(Work)
(Home)

D. VALUE OF GIFT

- 1. Estimated/actual value of gift/grant (dollar amount): _____
- 2. Method of determining value (appraisal, purchase price, etc.) _____

- 3. Person/entity determining value: _____

(Name)
(Phone)

E. COSTS

- 1. Initial cost: \$ _____
- 2. Annual cost: \$ _____

F. TERMS AND CONDITIONS

- 1. In the space below, state any terms, conditions, or other restrictions governing the acceptance, use, or disposition of the gift/grant imposed by the donor/grantor. Attach or include any relevant documents from the donor/grantor concerning terms, conditions, or restrictions upon the gift/grant.

- 2. If the conditions for use are not specified by the donor/grantor, explain the intended use of the gift/grant.

- 3. Explain the benefits to be derived in accepting the gift/grant:

REQUIRED APPROVAL SIGNATURES

Does this gift/grant require DBM approval: _____ Yes _____ No

Agency Head Signature
(Required for all gifts/grants)

Date

Secretary, DBM, Signature on behalf of the Governor
(If required by DBM Policies and Procedures)

Date