GIFT IN-KIND FORM

UCF | Advancement and Partnerships
UNIVERSITY OF CENTRAL FLORIDA

Please refer to the Gift Acceptance Policy for Gift In-Kind donations.

Development officer, please forward a completed Gift In-Kind form along with appropriate documentation to the UCF Foundation for acceptance.
Mail to: UCF FOUNDATION, 12424 RESEARCH PARKWAY, SUITE 250, ORLANDO, FL 32826

DONOR INFORMATION (bold items are required)

Donor/Gift Type: ☐ INDIVIDUAL ☐ JOINT WITH SPOUSE ☐ CORPORATION OR ENTITY

UCFF Apollo ID *(for current donors)*: _____

Donor Name: _____

If joint gift, please provide both names. If corporation or entity gift, list the name of the company.

Primary Contact: _____

For corporation or entity gift only. Who should receive acknowledgment and be invited to recognition events?

Preferred E-Mail Address: _____ ☐ HOME ☐ BUSINESS

Preferred Phone Number: _____ Ext. _____ ☐ HOME ☐ BUSINESS

Preferred Address: _____ ☐ HOME ☐ BUSINESS

City: _____ **State**: _____ **Zip Code**: _____

GIFT INFORMATION

Date Received at UCF: _____ / _____ / _____ Valued at: $ _____

(Note: If the value of the gift is $5,000 or more, the IRS requires an appraisal by an independent appraiser in order for the value of the gift to be eligible as a deduction. The donor should consult with their tax consultant. If an appraisal is obtained by the donor, then check here ☐. Otherwise, the donor's gift will only be credited by the foundation.)

Donor's Conditions: ☐ NO CONDITIONS OR ☐ CONDITIONS

Describe Conditions *(identify any constraints)*: _____

Duration of Conditions: ☐ USEFUL LIFE OF GIFT OR ☐ TERM - KEEP UNTIL _____ / _____ / _____

Description of Gift In-Kind:

College, Division, Department or Unit Receiving Gift: _____

UCF Contact Receiving Gift: _____

Donor Name *(print name)*: _____ Title/Relationship *(if contact person)*: _____

Donor Name *(signature)*: _____ Date: _____ / _____ / _____

FAIR MARKET VALUE CERTIFICATION

As described by the Foundation's acknowledgment policy, the IRS only allows a donor to take a contribution deduction to the extent that the eligible contribution exceeds the fair market value of the goods or services the donor receives in return for the contribution. The Foundation will rely on completion of this section when issuing an acknowledgment.

☐ YES ☐ NO **Goods or services were provided to the donor in exchange for this gift, other than name and logo recognition.**

If Yes: Description of the Goods/Services: _____

Fair Market Value Total: $ _____ Please attach detailed information regarding the FMV total

☐ YES ☐ NO **Donation represents a significant discount on the purchase of goods or services**

If yes: Please provide the total valued amount for goods or services: $ _____

Please provide the amount paid for the goods or services $ _____

The difference represents the discount received (= charitable value) $ _____

UCFF Apollo ID: _____ Donor Name: _____

DEPARTMENT ACCEPTANCE

The following signatures indicate official acceptance by the university of the Gift-in-Kind described in the above section. It is the responsibility of the development officer to ensure that the form is complete and that all appropriate signatures are obtained in advance of submission to the Foundation. A Foundation project number must be assigned for tracking purposes:

Foundation Project Number: _____ *(10 character alpha-numeric Foundation project #)*

Name of Department Chair or Unit Director	Signature	Name of Department/Unit	Date
Name of Dean or Division Vice President	Signature	Name of College/Division	Date
Name of Development Officer	Signature		Date

Additional Considerations:

If there are any holding or carrying costs associated with the gift, the signatures above authorize such expenditures to be charged to the Foundation project listed above or indicate the appropriate project to be charged here:

Foundation Project Number: _____ *(10 character alpha-numeric Foundation project #)*

Gifts are not eligible to be insured until this form is completed and the information is submitted to the UCF Property Management Office. If the department wishes to request temporary insurance to be charged to the above project number, please contact the Foundation CFO in advance of receiving the gift.

OTHER REQUIRED APPROVALS:

Approval for environmental safety is required for plants, landscape materials, animals, all equipment, and any material or item to be used in a laboratory or in research. Examples include laser and optics equipment, high power equipment, water or ventilation needs, equipment that might create a hazardous condition, analytical equipment, semi-conductor tools, and hazardous, radioactive, or bio-hazardous materials.

	Interim Director, Environmental Health & Safety University of Central Florida	
Jose Vazquez Signature		Date
	Sr. Asst VP and University Controller for Financial Affairs University of Central Florida	
Danta White Signature		Date
	Chief Information Officer, Information Technologies & Resources University of Central Florida	
Bill Poirer Signature		Date

FINAL ACCEPTANCE OF IN-KIND GIFT:

	Director, Accounting University of Central Florida Foundation, Inc.	
Erick Kepfer Signature		Date

☐ **For goods**, the item is eligible for a tax deduction and donor recognition OR

☐ **For services**, only donor recognition is provided

☐ **For property inventory** [value over $5,000]

Signature: _____

Date: _____

Thank you for your support of the University of Central Florida.

University of Central Florida Foundation, Inc.
12424 Research Parkway, Suite 250
Orlando, FL 32826