

CHECK LIST FOR DONATIONS OF EQUIPMENT

Complete the appropriate boxes below and print the form. Obtain the required signatures and submit the form to: 700 Lomas NE Suite # 108, Albuquerque, NM 87106.

FROM : _____(Program/Department)

RE: Proposed Donation of Equipment

DATE:

I. Current Ownership (full name and address of owner/donor) :

Name: _____

Company: _____

Address: _____

Telephone: _____ Fax: _____

II. Description of Property:

Check the type of property being considered for donation

- Research-related equipment or supplies
- Equipment or supplies for instructional purposes
- Other: _____

List below (or on attached pages) all items of equipment proposed to be donated in As much detail as possible, including, but not limited to, such information as manufacturer, brand name, make, model, year of manufacture, size, and estimated fair market value.

Has a representative of the University inspected the property? ___ Yes ___ No

If so, give the name and title of the inspector: _____

Also, describe the condition of the property (e.g. mint/new/used/well-used) and any specific concerns raised at inspection: _____

III. Title Information:

Is the owner/donor the manufacturer ___ YES ___ NO

How did owner/donor acquire the property? _____

How long has owner/donor this property? _____

If applicable, has a provenance been obtained? ___ YES ___ NO

If so, please provide a copy of the report.

Does the owner/donor wish to retain an interest in the property (e. g. physical possession, proceeds from copyrights and/or royalties)? YES ___ NO _____

If so, please describe terms and conditions: _____

IV. Financial Information:

Is there a recent appraisal of the property? ___ YES ___ NO

If yes, give date _____ and appraised value \$ _____ and name and address of appraiser _____

Please provide a copy of the appraisal.

Are there any existing liens or security interests against this property? ___ YES ___ NO. If so, please describe: _____

V. Acquisition:

Where is this property currently located? _____

How is the property to be delivered to the University? _____

Is delivery to be at owner/donor expense or University expense? _____

If delivery is at University expense, give the estimated total cost:
\$ _____ Provide the projected source (s) of payment of such
expense: _____

Please obtain signature below from authorized signatory on this account.

VI. Environmental and Contractual Issues:

Does the property require review and approval by Risk Management for health or safety concerns as provided ___ YES ___ NO

Please obtain the appropriate signature from the Office of Risk Management at the bottom of this form or attach assessment or report, if necessary.

Is this donation governed by a contract currently on file with the University?
___ YES ___ NO

If so, attach a copy of the related contract, or provide a description of the contract (including parties to and date of contract): _____

Does donor require a new contract to be signed relating to this gift?
___ YES ___ NO

If so, please complete and attach the Contract Review Form Exhibit C. of "Contracts Signature Authority and Review Policy", Policy 2010, UBP.

VII. Disposition:

How does the department/program intend to utilize the property? _____

Does the owner/donor have any requests regarding disposition of the property?
___ YES ___ NO

If so, explain the request(s) and how the department/program intends to meet these request (s): _____

Where will the property be located? _____

Will there be costs associated with initial installation of the property?
___ YES ___ NO

If so, give the estimated total cost: \$ _____ (attach detailed explanation) Provide the projected source (s) of payment of such expenses: _____

Please obtain signatures below from authorized signatories on these accounts. Also, please note that, depending on the estimated cost of installation and maintenance, approval of the Regents or the University Administration may also be required per Regents'

Policy 7.13 "Receipt and Investment of Gifts to the University."

VIII. Supporting information available:

Please attach all other information which will help UNM evaluate the property:

- | | |
|---|---|
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Appraisal (s) |
| <input type="checkbox"/> Lien documents | <input type="checkbox"/> Inventory List |
| <input type="checkbox"/> Contract Review Form | <input type="checkbox"/> Provenance |
| <input type="checkbox"/> UCC Chattel Search | <input type="checkbox"/> Risk Management Assessment |
| <input type="checkbox"/> Photographs | |
| <input type="checkbox"/> Other (please list): _____ | |

Additional Comments: _____

SUBMITTED BY:

Signature of Contact: _____

Printed Name and Title: _____ Date _____

Department/ Program: _____

Signature of Contact: _____

Printed Name and Title: _____ Date _____

Department/ Program: _____

APPROVED BY (check all that are applicable)

- RISK MANAGEMENT DEPARTMENT (as to environmental assessment)

Signature of Contact: _____

Printed Name and Title: _____ Date _____

- OTHER (If any of the accounts from which expenses relating to this property are to be paid require signature of an individual other than the Department/Program contact and /or the Dean/Director//Vice President who submitted this document, please indicate approval by signature (s) below)

Signature of Contact: _____

Printed Name and Title: _____ Date: _____

Signature of Contact: _____

Printed Name and Title: _____ Date: _____