



# Gift In-Kind Form

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: \_\_\_\_\_ 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

(identify any constraints) Describe conditions: \_\_\_\_\_

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 #)

Department Chair or Unit Director      *Signature*      Name of Department/Unit      *Print*      Date

Dean or Division Vice President      *Signature*      Name of College/Division      *Print*      Date

Development Officer      *Signature*      Name of Development Officer      *Print*      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.

\_\_\_\_\_  
Renee Michel      *Signature*      Director, Environmental Health & Safety University of Central Florida      \_\_\_\_\_  
Date

Approval for equipment requiring maintenance.

\_\_\_\_\_  
Misty Shepherd      *Signature*      Interim Vice President, Administration & Finance University of Central Florida      \_\_\_\_\_  
Date

Approval for computer, telecommunication, data processing, or other resources or materials pertaining to intellectual properties or information technologies.

\_\_\_\_\_  
Joel L. Hartman      *Signature*      Vice Provost, Information Technologies & Resources University of Central Florida      \_\_\_\_\_  
Date

**FINAL ACCEPTANCE OF IN-KIND GIFT:**

\_\_\_\_\_  
Erick Kepfer      *Signature*      Director, Accounting University of Central Florida Foundation, Inc.      \_\_\_\_\_  
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]

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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