



UNIVERSITY OF
CENTRAL FLORIDA

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: _____ 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.

Jose Vazquez *Signature*

Interim Director,
Environmental Health & Safety
University of Central Florida

Date

Approval for equipment requiring maintenance.

Danta White *Signature*

Sr. Asst VP and University
Controller for Financial Affairs
University of Central Florida

Date

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

Sheila Amin *Signature*

Interim Vice President and Chief
Information Officer, 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**