

**FM-17B
MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT**

2411 West 14th Street Tempe Az, 85281

**ACCEPTANCE OF MOTOR VEHICLE DONATION
and/or MOTOR VEHICLE PARTS DONATION WITH
RESTRICTIONS**

To be completed by donor (or donor's representative)

Campus: _____

Item: _____

Make, Model, Description

*Fair Market Value (attach supporting documentation)	Campus Location (FMS Unit – Building Number - Room)	Tag Number (if applicable)	Serial Number
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Restrictions on use, if any

Printed Name of Donor	Signature of Donor	Date
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Address	City, State, Zip
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Email Address	Phone Number
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Printed Name of Recipient	Authorized Signature of Recipient	Date
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The following factors have been considered (** **Must be completed prior to Authorized Recipient Signature**)
(Check off, as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Maintenance/repair costs | <input type="checkbox"/> Staffing or other hidden costs |
| <input type="checkbox"/> Company endorsements are not implied | <input type="checkbox"/> Suitable equipment for program |
| <input type="checkbox"/> Replacement will/will not be requested in the future | <input type="checkbox"/> Restrictions on usage are acceptable |
| <input type="checkbox"/> Item has five or more years of usage before replacement | <input type="checkbox"/> Installation costs |
| Other: _____ | |

Completed by President, Vice Chancellor or designated administrator and Vice President, Dean, Department Chair or Designee: The following signatures constitute the recommendation to accept this donation.

Signature of President, Vice Chancellor or Designee	Date	Signature of Vice President, Dean, Dept. Chair or Designee	Date
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Completed by District Office Personnel:

Capital Asset Management

Signature of Capital Assets Manager	Date
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*Value: The value of this gift has been established as fair market value at time of donation. Fair market value was obtained from vendor price lists or catalogs, by contacting a vendor, or by an independent appraisal.