

Grossmont-Cuyamaca Community College District  
**Request For Acceptance of Equipment Donation(s)**

District Office  
Cuyamaca College  
Grossmont College

Refer to Governing Board Policy BP3820: Donations & Gifts Authority: Ed. Code 72122

Date:

**Fund Name:\*\***

Description of Equipment Donation(s) (include quantity, model and/or serial numbers, etc.):

Estimated Value of Equipment:

Donation(s) made by: (Name of Individual, Title & Company - if applicable):

Address:

City:

State:

Zip:

Phone:

**Please attach all signed correspondence from donor.**

Person requesting acceptance of donation(s):

Division:

Program:

Institutional Value:

Secondary Fiscal Impact:

Risk Management Evaluation (if required\*\*\*) \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

Respective Receiving Dean/Director \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

Site Business Officer \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

FGCC CEO \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

President or Vice Chancellor \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

Chancellor \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_

Board Action: Ratification(less than \$500,000) Date: \_\_\_\_\_

Action(\$500,000 or more) Date: \_\_\_\_\_

\*\*Name of fund in which donations are to be placed must be provided

\*\*\*If item uses chemicals