Texas Tech University Health Sciences Center
El Paso
Texas Tech University Foundation, Inc. Gift-in-Kind Information Form

INSTRUCTIONS:
This form is to be completed by Texas Tech University Health Sciences Center El Paso personnel who work with a prospective donor to secure a gift-in-kind (Gifts other than cash and securities). The gift must be officially accepted on behalf of an entity within the Texas Tech University Health Sciences Center El Paso or the Texas Tech Foundation, Inc., before a gift receipt can be issued for the gift. This form should be completed through Item 8 and forwarded to the Office of Institutional Advancement. To begin select the proposed receiving entity in the box above. If the property is to be sold, the receiving entity should be TTFI. If the property is not to be sold, the receiving entity should be HSCEP. If there are any objections to the acceptance of the gift then respond, in writing, and forward the response and form to the contact person listed on page 2 under section 7.

1. PROSPECTIVE DONOR(S):
Name: ____________________________________________ Advance ID# (if applicable): __________
Address: ________________________________________
City: ______________ State: ______ Zip Code: __________ Phone: ______________________
Contact Person (if applicable): ________________________________
Phone: _______________ E-mail: ____________________________

2. PROPOSED GIFT: Complete an accurate description of the proposed gift.

☐ Artwork  ☐ Computing  ☐ Livestock  ☐ Real Property >$50,000
☐ Books, Printed Material, Publications  ☐ Equipment  ☐ Mineral Interest  ☐ Services
☐ Collections and Artifacts  ☐ Furniture and Fixtures  ☐ Plants & Materials  ☐ Vehicle(s)
☐ Other: __________________________
Description: __________________________

3. APPRAISAL/FAIR MARKET VALUATION OF GIFT: Attach actual appraisal or fair market valuation to this form. (Appraiser must be someone other than the donor with expertise in the appropriate area and cannot be an employee of TTUS or a TTUS institution.)

Amount of Appraisal: ______________________
Name of Appraiser: __________________________
Address: __________________________________
City: ______________ State: ______ Zip Code: __________ Phone: ______________________
E-mail: __________________________
4. GIFT RESTRICTION: Please check one

☐ There are no restrictions, the property is completely unrestricted and undesignated.

☐ There are restrictions on the gift that impose an obligation/limitation upon purpose/use of it by TTUS. The conditions are as follows:

If the gift is art, please check the entity to which it is being given:

☐ TTUS Public Art Collection  ☐ Southwest Collection
☐ Museum of Texas Tech  ☐ National Ranching Heritage Center
☐ International Cultural Center  ☐ Other: ____________________________

5. BENEFIT TO THE DEPARTMENT AND/OR PROGRAM: Usually completed by the administrative head of the department which will receive the gift.

6. EXPENSES CONNECTED TO GIFT:

Out-of-Pocket:
(Transportation, set-ups, taxes, insurance, maintenance, utilities, association dues, major repairs, etc.) __________________________________________

Source of Funds: ________________________________________________

Contingent Costs:
(e.g., liens, mortgages, easements, etc.) ______________________________

Source of Funds: ________________________________________________

Evidence of Ownership:
(Attach copy of title, if applicable) ___________________________________

7. TEXAS TECH CONTACT:

Name: ___________________________  Title: ___________________________

Department/Unit: ___________________________  Campus: __________________

Address/MS: ______________________________________________________

Phone: ___________________________  E-mail: _______________________
8. APPROVALS for HSCEP and/or TTFI: This form (together with any attachments) is to be routed through the following officer(s) in the order indicated below.

Department Chair of Administrative Head: ____________________________ Date: __________

Development Officer: ____________________________ Date: __________

Dean/Director: ____________________________ Date: __________

Vice Chancellor for Institutional Adv.,
Texas Tech University Health Sciences Center
El Paso: ____________________________ Date: __________

Museum Executive Director if gift is art: ____________________________ Date: __________

Manager, Public Art Collection if gift is art: ____________________________ Date: __________

Associate Vice President for Physical Plant and
Support Services, if the gift involves chemicals or
equipment requiring installation, service connections,
and/or environmental temperature conditions: ____________________________ Date: __________

Associate Vice President/Chief
Officer for Information Technology,
if gift is a computing gift: ____________________________ Date: __________

Vehicle Fleet Manager if gift is a motor vehicle: ____________________________ Date: __________

Director of the Library, Texas Tech
University Health Sciences Center: ____________________________ Date: __________

Chief Financial Officer or designee
for Finance and
Administration, Texas Tech
University Health Sciences Center
El Paso: ____________________________ Date: __________

President, Texas Tech University
Health Sciences Center El
Paso if the Library gift exceeds $50,000: ____________________________ Date: __________

Board of Regents
Unrestricted, if appraisal exceeds $1,000,000
Restricted, if appraisal exceeds $250,000
Real Property, if appraisal exceeds $250,000: ____________________________ Date: __________

Texas Tech University Foundation
Board of Directors, if TTFI is receiving
entity of Real/Personal Property with the
appraisal exceeding $250,000: ____________________________ Date: __________