DONATIONS TO
SOLANO COMMUNITY COLLEGE DISTRICT

(Required form to be completed and submitted by individuals who wish to donate goods and/or services to Solano Community College District. Potential donors will receive written notification from the designated District Office of acceptance or non-acceptance of donations. Acceptance of all donations is subject to program applicability and operations, storage, and other factors, at the discretion of the District.

~~PLEASE PRINT LEGIBLY~~

DONOR NAME:_____ **TITLE:**_____

BUSINESS/
AGENCY NAME:_____ TYPE OF BUSINESS:_____
          (If applicable)

ADDRESS:_____CITY, STATE, ZIP:_____

CONTACT E-MAIL:_____   **CONTACT TEL. #**_____

INTENDED RECIPIENT: (School/Dept. Name or Individual Recipient)_____
                                                    (acceptance subject to approval by the District)

TYPE OF DONATION: (check one)

Prospective donations of computers, media equipment, computer supplies, software, and/or other computer or media related materials and/or equipment also require review and pre-approval by the Chief Technology Officer, or designee.

☐ **Goods** (includes equipment, supplies, materials, other tangibles).   Description must include year, make, model and current quality of operation and condition/appearance._____

_____

_____Estimated retail value of these goods:$ _____

☐ **Services** (specialized volunteer, other non-employee, vendor or contractor services). Description must include specific type of volunteer or other work or services, names and contact information of donors, and total time to be donated, subject to District approval _____

_____

District support needed/installation or maintenance _____

_____

Cost of maintaining donation_____

REQUIRED DONATION APPROVALS

Recipient School/Dept. Administrator (or Designee):_____

_____Title:_____

☐ Donation(s) Accepted   ☐ Donation(s) Not Accepted   Date: _____

Comments: _____

_____

APPROVAL SIGNATURES

1. _____   _____
    Chief Technology Officer   Date

2. _____   _____
    Associate Vice President, Human Resources   Date

3. _____   _____
    Vice President, Finance and Administration   Date

4. _____   _____
    Vice President, Academic Affairs   Date

5. _____   _____
    Chief Student Services Officer   Date

6. _____   _____
    Superintendent-President: Date

Date Donation(s) Accepted and Board-approved on:_____

Follow-up to Board approval: _____Delivery Date: _____ Location: _____

Date thank you letter sent: _____

RC/ea

Comments/Attachments