



THE QUICK STEPS FOR GIFT-IN-KIND (GIK) DONATIONS (\$1,000 OR MORE)

Please see the procedure document for more detail.

FOR INTERNAL USE ONLY. DO NOT ASK THE DONOR TO COMPLETE.

✓	STEPS	WHO IS RESPONSIBLE
	1. Connect with your Operations Manager . > Discuss any costs to your school in accepting the GIK (e.g. transporting, installing, maintenance, etc.)	School/department person who has contact with donor.
	2. Complete the Gift Acceptance Form (GIK form).	School/department person who has contact with donor, under the coordination of the Operations Manager.
	3. Attain the market value of GIK with either: > an Appraisal Report* , or > an invoice if item(s) is new	*Operations Manager to arrange payment, and viewing of GIK, with institute-approved appraiser.
	4. Attain appropriate signatures on GIK form.	Operations Manager
	5. Send originals of GIK form, appraisal report/invoice, and any other supporting documents, to: Coordinator, Major Gifts & Special Projects, BCIT Foundation Office	Operations Manager to keep copies, for your records, and forwards original documents to Foundation office.
	6. Send Logistics a copy of GIK form, and inform them of your arrangements for the arrival of the GIK on campus.	Operations Manager

Foundation Office issues a thank you letter and tax receipt, if appropriate, to donor, and maintains GIK records for the Institute.



GIFT ACCEPTANCE FORM

Please refer to the Gift Acceptance Policy 7000.

PLEASE FORWARD THE COMPLETED FORM TO YOUR OPERATIONS MANAGER. ALL FIELDS ARE REQUIRED

SECTION A – DONOR INFORMATION

First Name	Last Name <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Dr.		
Job Title	Company		
Street	City	Province	Postal Code
Preferred Phone No.	Fax No.		
Email	Charitable tax receipt requested? (Only if eligible as a taxable donation under the Income Tax Act) <input type="radio"/> Yes <input type="radio"/> No		
Has the Donor made any requests regarding recognition for their gift? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain		
Does the Donor approve the publication or sharing of information of this contribution? (e.g. Honour Roll, Donor Report, BCIT website, media release) <input type="radio"/> Yes <input type="radio"/> No			

SECTION B – GIFT INFORMATION

Description (including manufacturer, model, etc.). Attach separate sheet for inventory list, if applicable.	
Benefits to BCIT for accepting this gift	
Has the donor placed any restrictions on the use of the gift? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain.
Estimated value of gift at time of donation. (Appraiser's valuation will be used for receipting) \$	When will the ownership of the donation be transferred to BCIT? (mm/dd/yyyy)
Where will the donation be transferred?	Who will pay for the transportation or freight cost?
Date the gift expected on campus (mm/dd/yyyy)	Condition of the donated item <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
Is the donation <input type="radio"/> New <input type="radio"/> Used	

SECTION C – CAMPUS PLANNING

Does the donation contain any hazardous materials? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Class A: Compressed gas	<input type="radio"/> Class B: Flammable & combustible material
<input type="radio"/> Class C: Oxidizing material	<input type="radio"/> Class D: Poisonous & infectious materials
<input type="radio"/> Class E: Corrosive material	<input type="radio"/> Class F: Dangerously reactive material
Will it require installation or renovations <input type="radio"/> Yes <input type="radio"/> No	Is additional space required? <input type="radio"/> Yes <input type="radio"/> No
Important – If the answer is 'yes' to any of the above questions in this section please obtain the approval of the Director Campus Planning prior to accepting the donation from the donor.	
Location the donation is to reside (campus/building/room #)	CSA Approved <input type="radio"/> Yes <input type="radio"/> No

APPROVED BY DIRECTOR, CAMPUS PLANNING OR DESIGNATE

Print Name	Date
Signature	



GIFT ACCEPTANCE FORM

SECTION D – FACILITY INFORMATION

Will the donation require any of the following?

Water supply	<input type="radio"/> Yes <input type="radio"/> No	Storage	<input type="radio"/> Yes <input type="radio"/> No
Air supply	<input type="radio"/> Yes <input type="radio"/> No →	PSI required	
Power supply	<input type="radio"/> Yes <input type="radio"/> No →	Voltage required	
Annual maintenance	<input type="radio"/> Yes <input type="radio"/> No →	Which department will perform this work?	
Annual certification	<input type="radio"/> Yes <input type="radio"/> No →	Which department will perform this work?	
Projected annual cost of service/maintenance		\$	

Important – If the answer is 'yes' to any question in this section please obtain the approval of the Director Facilities Management prior to accepting the donation.

APPROVED BY DIRECTOR, FACILITY MANAGEMENT OR DESIGNATE

Print Name	Date
Signature	

SECTION E – IT SERVICES

Does the asset contain any data storage capacity? <input type="radio"/> Yes <input type="radio"/> No	Has/will the storage been wiped before donation? <input type="radio"/> Yes <input type="radio"/> No
Does the asset require connections to BCIT's network? <input type="radio"/> Yes <input type="radio"/> No	Does the donation contain intellectual property of the donor or third parties? <input type="radio"/> Yes <input type="radio"/> No
Does the donation require on-going support costs? <input type="radio"/> Yes <input type="radio"/> No →	If yes, who is responsible?
Does any part of the donation consist of a license or maintenance? <input type="radio"/> Yes <input type="radio"/> No →	If yes, who is responsible? Please provide name and phone number.

Important – If the answer is 'yes' to any question in this section please obtain the approval of the Chief Information Officer prior to accepting the donation.

APPROVED BY THE CHIEF INFORMATION OFFICER OR DESIGNATE

Print Name	Date
Signature	

SECTION F – DEPARTMENT ACCEPTING GIFT

Contact Person	School
Position	Preferred Phone No.
Program/Department	Fund/Organization/Account Code

APPROVED BY DEAN OR DESIGNATE

*This signature indicates that you have reviewed all above information, and accept on behalf of the school/department the costs (e.g. appraisal, delivery, maintenance, renewal of licences, etc.) and responsibility of the above described Gift-in-Kind donation.

Print Name	Date
Signature	

If gift is over \$1000, is invoice/appraisal report attached? <input type="radio"/> Yes <input type="radio"/> No	Asset Tag # (attach separate sheet for list of items)	
Serial Numbers (attach separate sheet for list of items)		
Date received on campus	Print Name	Initial Here