

THE QUICK STEPS
for GIFT-IN-KIND (GIK) DONATIONS - \$1000 or more
Please see the procedure document for more detail.

✓	Steps	Who is Responsible:
	<p>1. Connect with your Operations Manager:</p> <p style="padding-left: 40px;">-discuss any costs to your school in accepting the GIK (e.g. transporting GIK, installing it, maintenance, etc.)</p>	School/dept. person who has contact with donor.
	<p>2. Complete the GIK Form, called "Gift Acceptance Form".</p>	School/dept. person who has contact with donor, under the coordination of the Ops Manager.
	<p>3. Attain the market value of GIK with either:</p> <p style="padding-left: 40px;">-an Appraisal Report***, or -an invoice if item(s) is new</p>	***Ops Manager to arrange payment, and viewing of GIK, with Institute-approved appraiser.
	<p>4. Attain appropriate signatures on GIK form.</p>	Ops Manager
	<p>5. Send originals of GIK form, appraisal report/invoice, and any other supporting documents, to:</p> <p style="padding-left: 40px;">-Coordinator Major Gifts & Special Projects BCIT Foundation Office</p>	Ops Manager to keep copies, for your records, and forwards original docs to Foundation office.
	<p>6. Send Logistics a copy of GIK form, and inform them of your arrangements for the arrival of the GIK on campus.</p>	Ops Manager

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



PLEASE FORWARD THE COMPLETED FORM TO YOUR OPERATIONS MANAGER

ALL FIELDS ARE REQUIRED

Section A - DONOR INFORMATION									
Mr.	Ms.	Dr.		First Name:		Last Name:			
Job Title:									
Company									
Street:									
City/Province/ PC:									
Preferred Phone #:					Fax #:				
Email:									
Charitable tax receipt requested? <i>(Only if eligible as a taxable donation under the Income Tax Act)</i>								YES	NO
Has the Donor made any requests regarding recognition for their gift? If yes, please explain: _____								YES	NO
Does the Donor approve the publication or sharing of information of this contribution? <i>(e.g. Honour Roll, Donor Report, BCIT website, media release)</i>								YES	NO

Section B - GIFT INFORMATION										
Description: <i>(Including manufacturer, model, etc.) Attach separate sheet for inventory list, if applicable.</i>										
Benefits to BCIT for accepting this gift:										
Has the donor placed any restrictions on the use of the gift? <i>If yes, please explain.</i>							YES	NO		
Estimated value of gift at time of donation <i>(Appraiser's valuation will be used for receipting)</i>							\$			
When will the ownership of the donation be transferred to BCIT? <i>(Month/Day/Year)</i>										
Where will the donation be transferred?										
Who will pay for the transportation or freight cost?										
Date the gift expected on campus: <i>(Month/Day/Year)</i>										
Condition of the donated item:							GOOD	FAIR	POOR	
Is the donation:							NEW	USED		

Section C - CAMPUS PLANNING										
Does the donation contain any hazardous materials?							YES	NO		
Class A: Compressed gas			Class B: Flammable & combustible material			Class C: Oxidizing material				
Class D: Poisonous & infectious materials			Class E: Corrosive material			Class F: Dangerously reactive material				
Will it require installation or renovations							YES	NO		
Is additional space required?							YES	NO		
<i>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.</i>										
Location the donation is to reside <i>(Campus/Building/Room #)</i>										
CSA Approved							YES	NO		

Approved by Director, Campus Planning or designate									
PRINT NAME: _____							_____		
SIGNATURE: _____							DATE		

Section D – FACILITY INFORMATION

Will the donation require any of the following?			
• Water supply	YES NO	• Storage	YES NO
• Air supply	YES NO	➤ PSI required	
• Power supply	YES NO	➤ Voltage required	
• Annual Maintenance	YES NO	Which department will perform this work?	
• Annual Certification	YES 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: _____	_____
SIGNATURE: _____	DATE

Section E – IT SERVICES

Does the asset contain any data storage capacity?	Y	N	Has/will the storage been wiped before donation?	Y	N
Does the asset require connections to BCIT's network?	Y	N	Does the donation contain intellectual property of the donor or third parties?	Y	N
Does the donation require on-going support costs?	Y	N	If yes, who is responsible? _____		
Does any part of the donation consist of a license or maintenance?	Y	N	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: _____	_____
SIGNATURE: _____	DATE

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: _____	_____
SIGNATURE: _____	DATE

If gift is over \$1000, is invoice/appraisal report attached?	YES	NO
Asset Tag # (attach separate sheet for list of items)	_____	
Serial # (attach separate sheet for list of items)	_____	
Date received on campus:	(date) _____	(print name here) _____ (initial here) _____