**Gift in Kind Assessment Form**

(for gifts valued $250 and over; major equipment, live animals, and any item impacting facilities)

If approved, submit with Transmittal Form for Non-Cash Gifts to University of Hawai‘i Foundation.

**Note:** Vehicles require the Vehicle Acquisition Form from Auxiliary Services.

If the donor desires to take a tax deduction for the gift and the gift is worth $5000 or more, the donor must obtain and submit a certified appraisal of the gift and fill out IRS Form #8283, “Noncash Charitable Contributions,” which can be obtained at: [http://www.irs.gov/app/picklist/list/formsInstructions.html](http://www.irs.gov/app/picklist/list/formsInstructions.html). Please contact UHH’s Development Office at 808-933-1945 for information.

<table>
<thead>
<tr>
<th>Donor</th>
<th>Recipient [Who is receiving item(s)?]</th>
<th>Address</th>
<th>Recipient Rep(s) [Faculty/Staff to responsible for item]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Rep** (if different than above)

**Contact Phone #:**

**Description of Gift:**

(Please provide written details/Make/Model/Serial #/etc.)

**Cost to move gift from current location to UHH location:**

(Please attach copy of current quote and state amount herein)

**Purpose/Use of Gift**

**Cost of annual premium to insure:**

(If available, provide vendor name with back up)

**Stipulations regarding gift**

**Cost of annual maintenance/and or agreement:**

(If available, provide vendor name with back up)

**Estimated Market Value of Gift:**

(Provide certified appraisal if gift over $1000)

**Does gift require special arrangements?**

(Power amperage) (Lighting) (Food) (Veterinarian) (Other)

---

**Dean/Director of UHH Unit:**

Print Name __________________________ Signature __________________________ Date

**Vice Chancellor over unit:**

Print Name __________________________ Signature __________________________ Date

**Vice Chancellor, Administrative Affairs:**

Print Name __________________________ Signature __________________________ Date

**Copy to:**

- Dean/Director
- VC over unit
- VC Admin Affairs
- Original to: UH Foundation

**Additional Comments:**