GUIDELINES
Gift Processing Procedures

SUBJECT: Gift Processing
RESPONSIBLE UNIT: Office of University Advancement
REFER QUESTIONS TO: Debbie Chaw
Executive Director of Advancement Services & Foundations
EFFECTIVE DATE: June 1, 2005
APPROVED BY: Brad Wells, VP/ Administration and Business Affairs
DISTRIBUTED TO: All Faculty and Staff

I. PURPOSE/DESCRIPTION

According to University policy, all gifts to the University of any nature can only be officially accepted and processed by the California State East Bay Educational Foundation. Depositing all gifts with the California State East Bay Educational Foundation ensures that gifts are accepted, receipted and acknowledged in accordance with campus and CSU policies and procedures.

The California State East Bay Educational Foundation ensures that official tax receipts and other forms of acknowledgement are sent to the donor on a timely basis and that all gifts are included in the reports of private support prepared by the University for the campus as a whole and for each department and program. It also insures that gifts are properly inventoried as CSUH property and capitalized in the Universities accounting system as appropriate.

II. PROCESS

Submit a Gift Processing Form along with all gifts and accompanying documentation to the Office of University Advancement, SA4800.

Gifts made in cash or by check that are under $5000 are not subject to administrative approval. All other gifts must be approved by the Department Chair, Dean, and Vice President of the department receiving the gift prior to the University taking receipt of the gift. Additionally, all “in-kind” gifts must be approved by the Vice President of Administration and Business Affairs prior to the University taking receipt of the gift.

III. RELATED FORMS AND INFORMATION

Gift Processing Form.
GIFT PROCESSING FORM

The California State East Bay Educational Foundation encourages private gifts for the benefit of California State University East Bay and is the only entity authorized to accept gifts on behalf of the University. All gifts must be deposited with the Educational Foundation.

CSU EAST BAY Educational Foundation Tax ID# 94-6128893

Donor Information – List name and address of donor(s) or company representative. In case of multiple donors, please attach a list of individuals with gift amounts and addresses.

Donor Name: ________________________________

Donor Address: ________________________________

Donor Status: □ Alumnus/Alumna □ Emeritus/Emeriti □ Faculty □ Staff □ Parent □ Student □ Foundation □ Corporation/Business □ Other: ________________________________

□ Matching Gift for ________________________________

□ Donor prefers to remain anonymous and not be listed in the Annual Report

Gift Information

Gift Type: □ Cash □ Check □ In-Kind Gift* □ Other: ________________________________ Gift Amount: __________

Please attach all documentation accompanying the gift, including the envelope

*In-Kind Gift:

Description: Indicate quantity, model number, manufacturer (sufficient to inventory equipment), securities, etc and whether it requires space, additional support materials, and/or services to operate.

______________________________

Estimated fair market value or appraised value at time of receipt. By donor or agent □ / Internal □ Amount $ __________

Formal appraisal? □ Yes □ No If value is $5,000 or more, donor must also submit IRS Form 8283 and attach a third-party appraisal

Gift will be used for instructional purposes? □ Yes □ No

Software License Gift: Donor: ________________________________ Type: ________________________________ Value $ __________

Gift location (for tagging): Building: ________ Room: ________ Contact: ________________________________ Phone: ________

Restricted for use by: ________________________________

Form Completed by: Name: ________________________________ Date: __/_/___

Gift Approved by: ________________________________ Dept. Chair: ________________________________ Date: __/_/___

Dean: ________________________________ Date: __/_/___

Vice President: ________________________________ Date: __/_/___

VP ABA: ________________________________ Date: __/_/___

(VP ABA Signature required for “in-kind” gifts only)

Gift Received by: Name: ________________________________ Phone: ________________________________ Date: __/_/___

Dept/School: ________________________________

(If multiple recipients please attach a list of recipients)

Note: In accordance with University and Educational Foundation Policy, effective July 1, 2004, a portion of all gifts will be used to defray the cost of gift administration and to encourage private support of the University.

Last Revised 11.26.12

Submit gift and accompanying documentation with this form to: Office of University Advancement

Gift Processing

SA 4800