

North Carolina Department of Correction Donation Acceptance Form

A. Facility/Section Information

Facility/Section: NCCIW / Main Unit Facility/Section Head: Warden Witherspoon
Facility/Section Number: 3010 Telephone Number: 919-733-4340

B. Donated Item

Brief Description of Donated Item: _____

How Will the Donated Item Be Used? _____

What is the Value of the Item? (Donor Specify): _____

Describe Any Additional Costs Associated With the Donation (Donor Specify): _____

C. Donor Information

Donor Name: _____

Donor Address: _____

Telephone Number: _____

D. Donor Certification

I certify that I am not presently, nor have I within the past twelve (12) months been under contract with, or otherwise done business with the Department of Correction. Further, I certify that I do not intend to bid on a contract, or otherwise do business with the Department of Correction within the six (6) months following this donation. I agree that the Department of Correction will not be liable for any additional costs, and will not be held liable for any related costs subsequent to acceptance of this donation.

Signature of Donor or Representative: _____

Donor Title: _____ Date: _____

E. Approval

Facility/Section Head (All Donations): _____ Date: _____

Division Director: _____ Date: _____

(For Donations Above \$1,000)

Secretary of Department of Correction: _____ Date: _____

(For Donations \$5,000 and Above)

Controller's Office: _____ Date: _____

(For Donations \$1,000 and Above)

F. Acceptance of Donation

Upon final approval, the DC-933 shall be sent back to the Facility/Section for acceptance and completion of the information below. After completion, one copy shall be furnished to the Donor, and one copy shall be maintained at the Facility/Section for audit purposes. The original shall be forwarded to the Equipment Control Section within the Controller's Office.

Person Accepting (Receiving) the Donation: _____

Title of Individual Receiving Donation: _____

Date Donation Conveyed: _____