STATE OF CALIFORNIA

REQUEST FOR APPROVAL OF GIFT

DF-581 (REV 05/13)

Department of Finance
915 L Street
Sacramento, CA 95814
IMS Mail Code: A-15

I. DEPARTMENTAL REQUEST

REQUESTING DEPARTMENT:

DONOR'S NAME AND ADDRESS:

DESCRIPTION OF GIFT (Include any wishes/instructions of donor on use and disposition. Explain why gift should be accepted - pros and cons. Note if there is any particular sensitivity associated with the gift. Use attached sheet if necessary.)

ESTIMATED VALUE (In some cases, it may be advisable to get a value assessment from an independent appraiser.)

ESTIMATED COST TO DEPT (repairs, matching costs, periodic or regular maintenance, etc.):

☐ One time ☐ On going ☐ Additional funded need (explain)

PREPARED BY:			APPROVED BY:		
Name	Title	Date	Name	Title	Date

II. DEPARTMENT OF FINANCE RECOMMENDATION

Recommendation:

PREPARED BY:		REVIEWED BY:		APPROVED:	
Analyst/Principal	Date	APBM/PBM	Date	Chief Operating Officer	Date