

form with a detailed written description of the equipment, including model #, operating system and all parts such as mouse, keyboard, etc. must be submitted to the DOC IT Manager for approval. Computers not running or capable of running the currently-approved operating system will not be accepted. Once approval is received from the IT Manager, the form should be forwarded to the Director of Administration for approval process as outlined above.

- H. Motor vehicles are not accepted as donations by DOC
- I. Disposal of donated property shall be accomplished through using a P-11 Form, "Surplus Property".

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

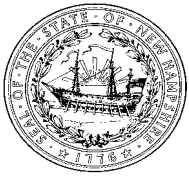
Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

RSA 4:8 Gifts to the State

MULLEN/pf

Attachment



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

William Wrenn
Commissioner

DONATION RECORD

Bob Mullen
Director

All information must be filled in

Mr.
Ms.

Donor/Contact Name: Mrs. _____
(Circle one title or write out title with name on line above)

Donor Organization/Business: _____

Donor's Street Address: _____

Donor's Mailing Address (If different from above): _____

City _____ State _____ ZIP _____

Donor's Phone Number: _____

Donor's Relationship to DOC:

_____ Volunteer _____ Support Group or Organization
_____ Employee _____ Other: _____

Intended Area of Use by DOC:

_____ NHSP/Men _____ LRF
_____ NHSP/Women _____ (THU/TWC): (CHM, NEH, SFHC, TWC)
(CIRCLE ONE)
_____ NCF _____ Field Services (list office) _____

Table with 4 columns: QUANTITY, DETAILED DESCRIPTION OF ITEM, INTENDED USE, ESTIMATE D \$ VALUE *. The table contains 7 empty rows for data entry.

- IRS Publication 561 Determining the Value of Donated Property indicates that the donor determines the value; DOC staff members do not have the qualifications to do this. Each donation must include a dollar amount

Delivered by: _____ Date: _____

Received by: _____ Date: _____

DOC contact for information regarding this donation:

Name: _____ Phone: _____