

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.

- G. Motor vehicles are not accepted as donations by DOC.
- H. All property approved for donation to the Department becomes the sole property of the Department and the State of New Hampshire.
- 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

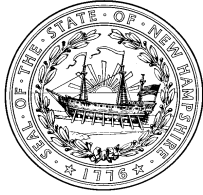
Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

RSA 4:8 (Title I, Chapter 4, Section 4:8) Gifts to the State

MADDAUS/lb

Attachment



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

Helen E. Hanks
Commissioner
Robin Maddaus
Director

DONATION RECORD

(All information must be filled in)

Donor/Contact Name: Mr. Ms. Mrs.
(Circle one title or write out title(s) 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:
(Do not leave blank)

Intended Area of Use by DOC:

NHSP/M NCF
NHSCFW THU/TWC: CHM, NEH, SFHC, TWC (Circle One)

Table with 4 columns: QUANTITY, DETAILED DESCRIPTION OF ITEM, INTENDED USE, ESTIMATED \$ VALUE*

*IRS Publication 561 Determining the Value of Donated Property indicates that the donor determines the value; DOC staff members shall not do this. Each donation MUST include a dollar value, no matter how small.

Delivered by: Date:

Received by: Date:

Staff signature above verifies that the donor is NOT a family member of, or on the visitor list of, any inmate.

DOC contact for information regarding this donation:

Name: Phone: