I. PURPOSE:
To establish a procedure for the acceptance of gifts of personal property made to the NH Department of Corrections.

II. APPLICABILITY:
To all employees

III. POLICY:
It is the policy of the Department of Corrections that the DOC Commissioner or his designee may accept donations of personal property valued at $1,000.00 or less for the benefit of the Department and may accept donations of personal property valued at more than $1,000.00 upon approval of the Governor and Executive Council.

IV. PROCEDURE:
A. Any staff member being contacted by an individual under DOC custody, individual person or organization wishing to donate personal property, including cash to the DOC, shall complete the donation form (attachment 1) to report to their supervisor the following information:
   1. Complete description of the personal property.
   2. An estimated Fair Market Value (FMV) as determined by the donor.
   3. Contact information for the donor (name, address, phone number).
   4. Any restrictions or conditions placed upon the donation or intended use of the donation.
B. Donations are not allowed from any immediate family members of any individual under DOC custody or from anyone on the visitor list of any incarcerated individual. Staff members receiving donations shall verify this information BEFORE accepting the donations.
C. The completed donation forms will be forwarded to the Director of Administration within two weeks of receipt of the donation for approval and processing. Incomplete forms will be returned to the originator for completion.
D. With approval of the Commissioner, the Director of Administration shall seek Governor and Council approval to accept a donation valued at more than $1,000.
E. Any donations valued at $1,000.00 or less shall receive formal acceptance by the Commissioner or his designee before its use. All donations must be stored in a secure area at the receiving facility until formally accepted. If there is no secure storage area at the receiving facility, the item(s) may be stored at the nearest DOC warehouse.
F. BEFORE physically accepting donations of computer equipment and peripherals, a completed donation 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.

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

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)

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<tr>
<th>QUANTITY</th>
<th>DETAILED DESCRIPTION OF ITEM</th>
<th>INTENDED USE</th>
<th>ESTIMATED $ VALUE*</th>
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*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: ___________________________