

# North Carolina Department of Public Safety Donation Acceptance Form

## A. Section/Location Information

Section/Location: SHP Support Services Section - VIPER Section/Location Head: Captain D. K. Owens  
Section/Location Number: \_\_\_\_\_ Telephone Number: 984-349-6818

## B. Donated Item

Brief Description of Donated Item: Chatham County is donating VIPER equipment at (8) tower sites to increase their county's capacity.

How Will the Donated Item Be Used? To increase the county's capacity.

What is the Value of the Item? (Donor Specify): \$5,184,803.79

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 Public Safety. Further, I certify that I do not intend to bid on a contract, or otherwise do business with the Department of Public Safety within the six (6) months following this donation. I agree that the Department of Public Safety 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

Section/Location Head (All Donations): \_\_\_\_\_ Date: \_\_\_\_\_

Controller's Office: \_\_\_\_\_ Date: \_\_\_\_\_  
(For Donations Above \$1,000)

Division Head \_\_\_\_\_ Date: \_\_\_\_\_  
(For Donations \$5,000 - \$24,999)

Secretary of Public Safety \_\_\_\_\_ Date: \_\_\_\_\_  
(For Donations \$25,000 and Above)

## F. Acceptance of Donation

Upon final approval, the CNTR 009 shall be sent back to the Section/Location 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 Section/Location for audit purposes. The original shall be forwarded to the Fixed Assets Unit within the Controller's Office.

Person Accepting (Receiving) the Donation: \_\_\_\_\_  
Title of Individual Receiving Donation: \_\_\_\_\_  
Date Donation Conveyed: \_\_\_\_\_