

**Donation Cost Center** 

## **Donation Tracking Form**

Please complete <u>SECTIONS I – V</u> and forward the form to the Grant Acquisition Coordinator assigned to your Department or Division. If you have questions, call 801-535-7744 or 801-535-6478.

	artment Director	Responsible Monitor		
ECTION V – S				
	SIGNATURES			
. Time perio	od for donation use:			
-		use of city funds:		
		Identify source:	_	
		ke City Corporation associated with		
	Grant funding agency:		ogram:	
	City project title:	randed project.		
	ation associated with a grant		□ No	
. Describe o	donor is on donation use:			
. Describe p	-			
ECTION IV –	PURPOSE OF DONATION			
	, ,	u · · · · ·		
Auministr	ator:	(position ti	tle) (phone)	
Who will b	oe the administrator of the do	onation cost-center? (usually Financia	I Analyst for department or division)	
	(name)			
		•		
\/\ho.will l	be responsible for day-to-day	(city division)	(city department)	
Recipient	division and department:	(city division)		
ECTION III –	RECIPIENT DIVISION AND DE	PARTMENT, MONITOR, AND ADM	IINISTRATOR	
	(street address)	(City)	(state) (zip code)	
. Address:	(street address)	(city)	(stato) (sin code)	
. Donor: . Address:		Email:		
ECTION II – [				
FOTION: "	ONOR			
setul for large o	or complex donations related to the	COVID-19 pandemic. Contact Office of the	City Attorney for a Donation Agreement.	
<u>IOTE:</u> A Donatio	n Agreement is currently required	for all donations not related to the COVID-	19 pandemic. A donation Agreement may be	
List Item	(s):			
☐ Non	-Monetary (In-Kind) Estima	ited Value: \$	Date Received:	
I I Real	l Property	- Capital Amount: \$		
	ney or Negotiable Securities –	- Non Capital Amount: \$	$\square$ One-Time $\square$ Multi-Yea $\square$ One-Time $\square$ Multi-Yea	

Finance Department

Date (Revised 04/28/2020)