Gifts of New and Used Equipment, Hardware, and Software

Rensselaer Polytechnic Institute welcomes donations of new and used equipment, hardware, and software that further the Institute’s mission and strategic purposes. In accepting donations, it is in the best interests of both the donor and Rensselaer that gifts-in-kind provide strategic benefit, that the Institute plans wisely for the use of such gifts, and that appropriate recognition and stewardship be provided to the donor.

A. Scope

1. This policy governs acceptance of all gifts of new and used equipment, hardware, and software, including gifts involving combined purchase and donation.

2. This policy does not include:
   a. Purchases of equipment, hardware, and software not combined with donation. These are covered by the Institute’s procurement and contract research policies.
   b. Gifts of real property, tangible personal property, and intellectual property. These are covered by separate gift acceptance policies.

B. Gift Acceptance Requirements

Gifts will be accepted in accordance with the following requirements.

1. The gift is of strategic benefit to the department or center, and must fit with Institute mission, plans, and priorities, or developed through performance plans linked to the Rensselaer Plan.

2. Gifts over $50,000 or more in asset value are approved by the cognizant dean or vice president.

3. Gifts over $1 million in asset value and/or requiring $50,000 or more in incremental annual operating expenses are approved by the president.

4. Gifts requiring additional space, renovation, fixed installation, utility hook-ups, or other services beyond the ability of the department head or center director to provide for them are approved by Campus Planning and Facilities Design.

5. Gifts with environmental, health, and safety impacts are approved by Environmental Health and Safety.
6. Gifts of used equipment require an appraisal for items valued over $20,000.00 each. The appraisal is done in coordination with Property Administration; the department or center receiving the gift is responsible for appraisal costs.

7. Gifts involving combined purchase and donation, and where cash expenditure is $2,500 or more, must follow Institute procurement requirements. The department or center develops an RFP together with Purchasing and Corporate, Foundation, and International Advancement; a Gift-in-Kind Acceptance Form is completed as part of the RFP process.

8. Gifts requiring computing or library support to ensure compatibility with existing or anticipated support programs and information infrastructure must be approved by the Division of the Chief Information Officer.

9. Gifts must be reviewed for their intellectual property aspects and approved by the Executive Director, Office of Intellectual Property, Technology Transfer, and New Ventures Creation.

C. Approvals

1. Approvals that the requirements stated above have been met are recorded on the attached Gift-in-Kind Acceptance Form.

2. The signature of the department head or center director indicates that all requirements for review and approval, as outlined above, have been met.

3. A gift is not deemed accepted by the Institute until all required approvals are given, and the Gift-in-Kind Acceptance Form has been reviewed and approved for completeness by the Director, Development.

D. Implementation

This policy is effective when approved by the President of Rensselaer, and may be changed only with the President’s approval.

Approved by Dr. Shirley Ann Jackson
November 1, 2001
November 10, 2002 (Revision)
November 20, 2003 (Revision)
December 23, 2004 (Revision)
Gifts-In-Kind Acceptance Form

Send completed form to: Individual and Organizational Advancement for processing.
Contact Director at x8561

Donor Information:
The donor must submit to Rensselaer a letter or e-mail indicating the item(s) being donated and the estimated value.

- Name of Donor Institution ________________________________________________________________
- Contact (s) ________________________________________________________________
- Address, Phone, E-mail ________________________________________________________________
- Technical Information
  - Model (s) ________________________________________________________________
  - Serial # (s) ________________________________________________________________
  - Condition ________________________________________________________________
  - History ________________________________________________________________
  - Estimated Value ________________________________________________________________

Campus Information:

1) Center, Department, School, Administrative Unit:

- Campus Contact Requestor
  - Campus Contact __________________________________________ Phone #: _____________
- Technical Information
  - Contact __________________________________________ Phone #: _____________
  - GIK Location __________________________________________
  - Intended Use __________________________________________
  - Funding Match __________________________________________
    (Is the donation being used to secure matching funds?)
  - Expected Date of Arrival ________________________________

2) Administration Review:

A. Space Utilization, Campus Planning, Facilities Design
Contact: Manager of Design and Construction, 276-8249
- GIK Location (s) _________________________________________________
- Potential Impacts Please fill out the table on the next page.
Does the Equipment or Resulting Process:                           YES      NO       NA

- Require a Change in Use to a Campus Space?
- Require Renovations to Space or an Increase in Space?
- Require Water Hook-Up?
- Require Power Hook-Up, Emergency Power, or Life-Safety System Connections
- Require Sewer/Drain Connections?
- Require Ventilation, Fume Control, or Air Conditioning?
- Require Routine Maintenance Performed by Physical Plant?
- Require Floor-Loading Review due to Weight of Equipment?
- Require Moving or Rigging Services?
- Require Other Utility Connections including Steam, Compressed Air or Gas?
- Increase Campus Energy Use?
- Need any special security?

For Each ‘YES’ Response, Include a Detailed Description of the Equipment or Process Component needs. Identify costs required to accommodate the proposed gift.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Completed By: _____________________________  Date: ___________  Signature: __________________________
Phone Number: ___________________________  Fax Number: _______________________________________

Campus Planning and Facilities Design: ___________________________  Date: _______________________

B. Property Administration
   Contact: Property Administrator, 276-6772
   Cost (s) ___________________________________________

C. Environmental Health & Safety
   Contact: Director Environmental Health & Safety, 276-6114
   Potential Impacts Please fill out the table on the next page.
Does the Equipment or Resulting Process:

- Discharge to a drain, sewer, or to the ground? [ ] YES [ ] NO [ ] NA
- Discharge to the air (do not include lab related fume hood discharges)? [ ] YES [ ] NO [ ] NA
- Result in the storage of chemicals or hazardous wastes? [ ] YES [ ] NO [ ] NA
- Contain or include the use of radioactive materials? [ ] YES [ ] NO [ ] NA
- Contain or include the use of hazardous chemicals? [ ] YES [ ] NO [ ] NA
- Have unguarded pinch points or unguarded moving parts? [ ] YES [ ] NO [ ] NA
- Generate noise over 85 dB (noise that requires the raising of voices)? [ ] YES [ ] NO [ ] NA
- Have electrical connections other than a wall outlet plug and/or jack? [ ] YES [ ] NO [ ] NA
- Have hydraulic and/or pneumatic connections? [ ] YES [ ] NO [ ] NA
- Contain or include the use of a laser? [ ] YES [ ] NO [ ] NA
- Create a potential fire or explosion hazard? [ ] YES [ ] NO [ ] NA
- Contain or include the use of a mechanical power press or hoist? [ ] YES [ ] NO [ ] NA

For Each ‘YES’ Response, Include a Detailed Description of the Equipment or Process Component That Resulted in The Positive Response. Identify costs required to accommodate the proposed gift.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Completed By: ___________________________ Date: ___________ Signature: ___________________________

Phone Number: ___________________________ Fax Number: ___________________________

Office of Environmental Health and Safety: ___________________________ Date: ___________

D. Libraries and Computing

Contact: Chief Information Officer, 276-2212

Describe requirements for computing or library support to ensure compatibility with existing or anticipated support programs and information infrastructure:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
3) Required Signatures:

Total Cost: ________________________________________________________________
Funding Source FOPAL: _______________________________________________________
Originator: _________________________________________________________________

*Director of Director Campus Planning & Facilities Design:
___________________________________________________________ Date: ______________

*Director of Environmental Health and Safety:
___________________________________________________________ Date: ______________

*Division of the Chief Information Officer:
___________________________________________________________ Date: ______________

Executive Director, Intellectual Property, Technology Transfer, and New Venture Creation
___________________________________________________________ Date: ______________

Center Director, Department Chair, Administrative Director:
___________________________________________________________ Date: ______________

Dean or Vice President:
___________________________________________________________ Date: ______________

RECEIVED by Director, Development:
___________________________________________________________ Date: ______________

* Signature required if space utilization, environmental issues, or library/information infrastructure issues are identified.