



State of Minnesota Gift Acceptance Form

Minnesota Management and Budget
Fiscal Services
658 Cedar Street, Suite 400
St. Paul, MN 55155
Phone: (651) 201-8000
Fax: (651) 596-8685
Email: fiscal.services.mmb@state.mn.us

Donor's Name _____ Gift Value \$ _____

Donor's Address _____

Legal Authority MS 16A.013
Other If other _____

Describe the gift, purpose, and any conditions. Attach additional information, if necessary.

Agency Contact _____

Agency _____ Telephone _____

Agency Authorized Signature _____ Date signed (mm/dd/yyyy) _____

Minnesota Management and Budget Use Only: For gifts accepted pursuant to M.S. 16A.013 only:

I, the Commissioner of Management & Budget (or designee), have determined that it is in the interest of the state to accept this gift.

MMB Authorized Signature _____ Date signed (mm/dd/yyyy) _____

Distribution: Agency (original) and Fiscal Services (copy)

Instructions

Donor's Name

Print the name of the donor in this field.

Gift Value

Enter the estimated or appraised value of the gift.

Donor's Address

Enter the address of the donor in this field, to include the street, city, zip code, state, and if necessary, the country.

Legal Authority

Choose one of the legal authority options for acceptance of the gift: enter other information as necessary.

Description of the Gift

Describe the gift, purpose, and any conditions on the state in acceptance of the gift. Any additional information can be attached and sent in as well on separate pages.

Agency Contact

Enter the name of the agency personnel that can be reached to discuss the gift and answer any questions about it.

Agency

Enter the name of the agency that has received the gift.

Telephone

Enter the state office telephone number for the agency contact.

Agency Authorized Signature

The signature of the agency head or their designated personnel with authority to sign off on this form. If in writing, this field will be filled with a written signature; if it is filled out electronically, entry of a typed name will constitute the intent of electronically signing this form per MS 325L.

Date of Signature

Enter the date of the agency head (or designee) signature.

MMB authorized Signature

Signature of the Commissioner or his/her designee, if in agreement per Minnesota Statute 16A.013.

Date of Signature

Enter the date of the Commissioner (or designee) signature.