

STATE OF CALIFORNIA  
**AUTHORIZATION TO ACCEPT GIFTS/DONATIONS**  
 CDC 922 (4/92)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SUBMIT COPY TO:  
 Department of Corrections and Rehabilitation  
 Office of Community Partnerships  
 P.O. Box 942883  
 Sacramento, CA 94283-0001

FACILITY / PARLE REGION / DIVISION <b>California State Prison - Solano (SOL)</b>	CONTACT PERSON AT FACILITY	PHONE NUMBER/EXT.
NAME OF DONOR ORGANIZATION	DEPARTMENT AT FACILITY	
ADDRESS OF DONOR :	NAME OF DONOR/ORGANIZATION CONTACT PERSON	
	TELEPHONE NUMBER OF DONOR	

DESCRIPTION OF GIFT / DONATION (INCLUDE MAKE, MODEL NUMBER, SERIAL NUMBER, AND QUANTITY)

PHYSICAL CONDITION OF GIFT / DONATION	CURRENT MARKET VALUE \$ _____ <i>(THE STATE DOES NOT TAKE RESPONSIBILITY FOR ESTABLISHING VALUE)</i>
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HOW WILL THIS DONATION BE USED? (INCLUDE PROGRAM NAME, LOCATION, NUMBER OF INMATE / STAFF PARTICIPANTS)

IF THE ACCEPTANCE OF THIS GIFT / DONATION WILL RESULT IN THE EXPENDITURE OF STATE FUNDS OVER AND ABOVE NORMAL OPERATING EXPENDITURES, INDICATE ESTIMATED EXPENDITURES AND SOURCE OF STATE FUNDS TO BE USED.

LIST ANY SPECIAL TERMS REQUIRED BY THE DONOR

**APPROVED BY:**

NAME AND TITLE - Employee	SIGNATURE	DATE
Anticipated Location of Donation/Gift:		Level:
NAME AND TITLE - Department Head	SIGNATURE	DATE
NAME AND TITLE - Division Head	SIGNATURE	DATE
<b>T. Parker-Mashburn</b>	SIGNATURE	DATE
<b>COMMUNITY PARTNERSHIPS MANAGER</b>	SIGNATURE	DATE
<b>WARDEN /REGIONAL ADMINISTRATOR</b>	SIGNATURE	DATE
<b>COORDINATOR OF FINANCIAL RESOURCES</b>	SIGNATURE	DATE

**DELIVERY & SEARCHING:**

Delivery to Warehouse <input type="checkbox"/> Employee <input type="checkbox"/> Mail <input type="checkbox"/> Volunteer	Date of Arrival to Warehouse <input type="checkbox"/> Already at Warehouse <input type="checkbox"/> Unknown <input type="checkbox"/> Donation Drive ____/____/____	X-Ray Security Check Performed by: _____ Date: ____/____/____
Date of S&I Security Check: ____/____/____	Approved by S&I to Enter Secured Perimeter Name _____ Signature _____	Entrance Into Secured Perimeter    Annual Donation <input type="checkbox"/> Employee _____ <input type="checkbox"/> Month _____ <input type="checkbox"/> Entrance _____ <input type="checkbox"/> Truck Sally Port <input type="checkbox"/> Quarter ____