## PROPERTY DONATION ACCEPTANCE REVIEW FORM

PART A: To be completed by Department requesting acceptance of donation(s) and forwarded to other affected department(s).

Description of Item(s) being offered as a donation to Alachua County:
A portion of Tax Parcel # 06196-000-000 described as "Drainage Right-of-Way" in the southeast corner of the plat of Heatherwood, Unit II, as recorded in Plat Book L, Page 85 of the Public Records of Alachua County, Florida.

Donation(s) Offered by: G.W. Robinson Developers, Inc.

Estimated/Appraised Value: \$300.00

How Will The Donation(s) be Used?: Drainage Area

Will acceptance require the expenditure of County resources: No

If yes explain: N/A

Estimated Annual Operating Cost: \$3,500

Funding Sources:\_Stormwater Utility Fee

Is Acceptance Supported 7: Yes

Department Director:

Signature

MAR 2020 Date

| PART B:        | To be completed by County departments (not requesting department) that would be required to support the donated items (i.e., vehicles, buildings, etc.) and forward to OMB. Will acceptance of the above requested donations require the expenditure of County resources within your department?  N/A |  |  |  |  |  |
|----------------|---|--|--|--|--|--|
|                |   |  |  |  |  |  |
| If yes explair | :   |  |  |  |  |  |
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|                |   |  |  |  |  |  |
| Estimated Ar   | nual Operating Cost increase within your department:  |  |  |  |  |  |
| Funding Sou    | rces;   |  |  |  |  |  |
| Is acceptance  | e supported ?:_   |  |  |  |  |  |
|                |   |  |  |  |  |  |
| Explain:       |   |  |  |  |  |  |
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| Department [   | Director:   |  |  |  |  |  |
|                |   |  |  |  |  |  |

PART C: To be completed by OMB and forwarded to Finance & Accounting Is funding available to support the donated item(s)?:  $\forall \, \ell \, S$  Is Acceptance Supported?:  $\forall \, \ell \, S$ 

Explain: County is maintaining parcel at this time Funding is from the storm water assessment Third 146.79.7920

Department Director: 3/16/20
Signature Date

| PART D:     | To be completed by Finance & Accounting and returned to requesting Department. |       |      |      |     |  |  |
|-------------|--|-------|------|------|-----|--|--|
| Is Acceptan | ice Supported?:  | . YR  | 1    |      |     |  |  |
| Explain:    | Property   |       |      | used | for |  |  |
|             | County   | drain | ese, |      |     |  |  |
|             |  |       |      |      |     |  |  |

Finance & Accounting Director:\_\_\_

3-13-20 20 Date