



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DECLARATION OF GIFT(S) DONATED TO THE CNMI GOVERNMENT
(FOR CASH CONTRIBUTIONS OR ITS EQUIVALENT)**

Note: Completed copies of this form should be forwarded to 1) The Public Auditor, and 2) The Office of the Secretary, Department of Finance, or, in the case of autonomous agencies, the agency's finance unit.

NAME OF DONOR: _____

ADDRESS: _____

TAX PAYER I.D. No.: _____

BUSINESS LICENSE NAME/NO: _____

TYPE OF CONTRIBUTION (PLEASE CHECK):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> VOLUNTARY | <input type="checkbox"/> DONATION |
| <input type="checkbox"/> INVOLUNTARY | <input type="checkbox"/> TRUST FUND |
| <input type="checkbox"/> CONDITIONAL | <input type="checkbox"/> OTHER (PLS. SPECIFY) |
| <input type="checkbox"/> GRANT | _____ |

AMOUNT OF CONTRIBUTION: \$ _____

METHOD OF PAYMENT:

- LUMP SUM (CHECK No.): _____
- INSTALLMENT (SPECIFY): _____

PURPOSE OF CONTRIBUTION:

BENEFICIARY OF CONTRIBUTION (AGENCY/PROJECT): _____

SUPPORTING DOCUMENT(S) ATTACHED: _____

DECLARATIONS:

1. Are specific requirements imposed by contributor on the following:

a. Use(s) of Funds. Yes No If "Yes", describe the specific requirement(s) imposed:

b. Use(s) of Income from Temporary Investment of Funds. Yes No

If "Yes", describe the specific requirement(s) imposed:

c. Special Report(s) to be submitted to Contributor. Yes No

If "Yes", describe the specific requirement(s) imposed:

Financial Status: _____

Project Status: _____

2. Is the contributor a vendor, contractor, or someone regulated by the Recipient Agency? Yes No
If "Yes", indicate which one.

3. Is the Agency/CNMI Government required to provide the contributor any consideration in return for the funds provided? Yes No If "Yes", describe the nature and value of such consideration:

4. Will any expenses be required after acceptance of the funds provided? Yes No
If "Yes", indicate below:

5. Are there any other aspects of the gift from the donor to the Agency/CNMI Government not discussed above? Yes No If "Yes", indicate below:

DONATED BY:

Donor or Donor's Representative

Date: _____

ACCEPTED BY (FOR CNMI GOVT):

Agency Head/Position

Date: _____