Instructions for Shipping Data Processing Equipment to a Computer Recovery Facility

PERSONAL PROPERTY DONATION

This packet contains the following form:

* + - Personal Property Donation (with attached continuation page)
  1. Complete the Personal Property Donation form, and if necessary, the continuation page, and fax or email to the computer recovery facility:
* Wynne Unit Computer Recovery Facility, Huntsville, Texas – fax: 936-291-5278
* Email to computer.recovery@tdcj.texas.gov

1. All equipment must be listed on the Personal Property Donation form. If the list of equipment is in a spreadsheet format, the list may be attached to the Personal Property Donation form, as long as the Description column of the form references “see attached list”. Items received that are not listed on the Personal Property Donation form may be returned at the donor’s expense.
2. The Personal Property Donation form will be processed and submitted for the proper approvals.
3. If approval is obtained, the computer recovery staff will fax the donor a signed Data Processing Equipment Shipping Information*,* MAL-113. The MAL-113 will include the tracking number (located in the top right corner of the form) to be utilized for any inquiries about the donation.
4. The MAL-113 form must be filled out correctly and completely and signed by the individual authorizing the donation. Once complete, return the MAL-113 form to the facility via fax.
5. There are two methods available for shipping equipment to a computer recovery facility. Equipment may be either:

* Scheduled for pick-up through the Texas Department of Criminal Justice (TDCJ), Manufacturing, Agribusiness and Logistics Division.
* Delivered directly to the computer recovery facility. Prior approval must be obtained, and a date scheduled for delivery.

1. **The donor is responsible for ensuring that information stored on data processing equipment is removed prior to donation.**
2. When preparing equipment for shipment to a computer recovery facility:

* Loose items must be secured, such as shrink-wrapped or boxed).
* Equipment must be palletized and shrink-wrapped prior to pick-up. Please contact the computer recovery facility should this be a problem, as alternatives may be available.
* A copy of the completed MAL-113 form must be placed on each pallet.
* Palletized items should not exceed 8 feet in height.

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|  | **TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  **PERSONAL PROPERTY DONATION** |

The State of Texas § Unit Name:

§ Contact Name:

County of       § Telephone/Ext.:

**Know All Men by These Presents:**( Print Name Below)

That I,       of       County, State of      , in consideration of my desire to contribute to the economic well-being of taxpayers of the State of Texas, do hereby give, grant, confirm, and convey unto the Texas Department of Criminal Justice (TDCJ), an agency of the State of Texas, all and singular the following described property (and any other article[s] listed on the attached sheet[s]:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of**  **Items Donated** | **Qty** | **Manufacturer, Model**  **& Serial Numbers** | **Original**  **Acquisition Date** | **Fair Market Value Unit Cost** | **Fair Market Value Total Cost** |
| Example: *Folding Chairs* | *15* | *N/A* | *2000* | *$5.00* | *$75.00* |
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| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

**TOTAL DONATION=**

To have and to hold the above-described property to the TDCJ of the State of Texas, its successors and assigns forever. ­­­

I acknowledge that I am responsible for determining the fair market value of the item being donated and that TDCJ, the Texas Board of Criminal Justice, and the State of Texas have no duty to verify such fair market value.

I understand that donated items ***valued at $500 or more*** are subject to approval by the **Texas Board of Criminal Justice, all other donations are subject to approval by the Director of Accounting and Business Services.**

I also understand that some donations are accepted on a ***conditional*** basisuntil which time they are deemed and certified as worthy for the purpose for which they are being donated. If my donation does not prove worthy for its intended use, I understand that it will be returned to me.

In testimony whereby, witness my hand this      day of      , 20     .

Grantor's signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative of: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(if applicable)*

*Print Business/City/County/Entity Name*

***Warden/Division Head***: **All forms are due within 45 days of signature** including any additional departmental approval from below:

* Computer Equipment-send to IT (John Day, Program Administrator II) Separate IT Approval Form
* Any Building/Building Equipment (ie. 13,000 BTU AC Unit, Generator, Heat Pump) – send to Facilities (Frank Inmon, Director) Separate IOC Approval
* Vehicles, Highway Equipment and Trailers-send to Fleet Management Department (Robert Cade, Manager) Separate Vehicle Assessment Form
* Animals-send to Agribusiness, Land & Minerals (Matt Demny, Director) Separate IOC Approval

**Statement by Warden or Division Head**:

This is to acknowledge willingness to accept the above-mentioned donation when approved by the Texas Board of Criminal Justice and/or director of accounting and business services for the intended use of benefiting the Computer Recovery Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Warden/Dept. Head Signature Date**

**All donation requests must be sent to Property Accounting-Accounting & Business Services, P.O. Box 4015, Huntsville, Texas 77342**

(If approved by the Board and/or director of Accounting & Business Services, this form will be returned to you with confirmation of that approval or you will be notified if the donation is disapproved)

Form Obtained from TDCJ Intranet 9/1/2017

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|  | **TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  **PERSONAL PROPERTY DONATION** |

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|  | |  | | Unit Name: |  |
|  | |  | |  |  |
|  |  |  | | Contact Name: |  |
|  | |  | |  |  |
|  | | |  | Telephone/Ext.: |  |

**Continuation Page:**

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| --- | --- | --- | --- | --- | --- |
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