

**CITY OF MERCED  
DONATION ACCEPTANCE FORM**

Name of Donor: Merced Sunrise Rotary

Address: \_\_\_\_\_ City: Merced State: CA Zip: \_\_\_\_\_

Description of Donation: Monetary donation in the amount of \$16,000 to the City of Merced Fire Department for the purpose of purchasing a Lucas 3, v3.1 Chest Compression System

Donor Estimate of Current Value: \$16,000

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost: \$16,000 Donation exceeds acquisition cost of \$15,997.96, on-going maintenance cost of \$4,773.60

Intended Use: Purchase of a live saving mechanical device to save the lives of patients in cardiac arrest

Conditions of Acceptance or Donor Designation: Donation to the City of Merced Fire Department for the purchase of a Lucas 3, v3.1 Chest Compression System & accessories

Remarks: \_\_\_\_\_

Department Receiving Donation: Fire Department

**APPROVED/ DISAPPROVED**

_____ Date	 _____ Department Head Signature
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_____ Date	_____ City Manager Signature
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Approval of City Council Required if Donation Exceeds \$5,000.

_____ Date Submitted to Council	_____ Date Approved by Council
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_____ Date	_____ Mayor Signature
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NOTE: The City of Merced cannot guarantee future funding for repair, maintenance, use or replacement of donated items.  
cc: City Council, Finance Department, City Clerk

CITY OF MERCED, CALIFORNIA

DONATION AND GIFT POLICY ACKNOWLEDGEMENT

I have received and read the City of Merced Donation and Gift Policy and understand its provisions.

Billy Alvar

Employee (PRINT Name)

B. Alvar

Employee Signature

8-24-20

Date