

DONATION AGREEMENT FORM

1("Donor") agrees to make a donation to the Council of the District of Columbia (Council), Government of the District of Columbia of \$ or of (Note: Please insert amount and provide in-kind description as stated below:)
The donation is being given freely without any expectation of special treatment or action by the Council in particular, or the District government in general. 2. The donation will be used to (describe the purpose of the donation):
Further, the donation is for an authorized purpose because it is consistent with the functions and purposes of the Council.
3. The donation is being made on the condition that the Council agrees to use the donation for the particular purpose stated in this agreement. If the agency does not use the full balance of the financial donation, I, the donor, give my express consent and authorization to the Council to use the remaining balance in the same or subsequent fiscal years for the same or similar authorized purpose, as reviewed and approved by the Council Ethics Officer. Otherwise, the Council shall ensure that a refund check to the donor in the amount of any remaining balance. (Note: Please state any other conditions that may apply below:).
Please check the appropriate box. Yes, with my consent all remaining funds may be applied toward another Council program with a similar purpose in this fiscal year or subsequent years. No, please refund all remaining funds to the donor. Not Applicable
4. To the best of the Donor's knowledge, the donor is not aware of any transactions pending before the Council, or any agency of the District government involving the Donor, nor any litigation pending against the District government involving the Donor.
5. The District of Columbia government acknowledges that systems are in place for the donation to be accepted by the Council and the use of the donation may be properly tracked as required by the D.C. Official Code § 1-329.01.
Signature of the Parties:
Name: Title: Authorized official representing the Donor
Secretary to the Council Date
Council Ethics Officer/General Counsel Date:
Please attach any additional information.

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