

## The Unsolicited donation, Gift and Bequest Acceptance Form

### Section A: Donation, Gift Bequest Acceptance Form

HSE Location:	Date:
---------------	-------

HSE Point of Contact (Name):

Telephone:

Email:

---

---

#### **Please Print:**

Name of Donor:

Donor's Address:

Street:

City:

County:

Telephone:

Email:

---

---

Category of Gift:

Check as applicable:

<input type="checkbox"/> Monetary	<input type="checkbox"/> Non monetary
<input type="checkbox"/> Conditional	<input type="checkbox"/> Unconditional
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Real Property

Amount/value of gift: \_\_\_\_\_

Description and purpose of gift including any donor imposed restrictions or conditions:

---

---

---

---

---

---

---

Purpose of gift including any donor imposed restrictions or conditions:

---

---

---

---

---

---

---

---

### *Section B: Validity Test Survey*

This survey will help to determine whether the HSE is in compliance with the statutory and delegated authorities to accept donations, gifts and bequests from the private sector, conditional and unconditional, monetary and non monetary, and whether there may be any potential for a conflict of interest.

1. Will acceptance of the gift, to a reasonable person, compromise the integrity of any official?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Is there an actual or apparent conflict of interest?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. Is there any matter pending before the HSE that would affect the interest of the donor, e.g., approval of a grant or award of a contract? If so, what? Indicate the nature of the matter.

Yes \_\_\_\_\_

No \_\_\_\_\_

---

---

---

4. Does the HSE control activity in which the donors have an interest or the potential for an interest, such as grant programs, or clinical trials? If so, indicate which activities.

Yes \_\_\_\_\_

No \_\_\_\_\_

---

---

5. Will the amount/value, or the nature of the gift alone raise a significant concern?  
Note, gifts in excess of €100,000 must be approved by the HSE Board and written approval from the Minister for Health is required prior to the acquisition of shares by the HSE.

Yes \_\_\_\_\_

No \_\_\_\_\_

---

6. Is the gift being offered for endorsement purposes?

Yes _____	No _____
-----------	----------

7. . Are there donor imposed restrictions or conditions that cannot be fulfilled?

Yes _____	No _____
-----------	----------

8. . Is the gift being offered to the HSE to support the activities of a specific team/unit?

Yes _____	No _____
-----------	----------

9. Does the gift meet generally acceptable public standards?

Yes _____	No _____
-----------	----------

10. Is the gift reasonable to administer?

Yes _____	No _____
-----------	----------

11. Can be gift be fully used as requested by the donor?

Yes _____	No _____
-----------	----------

12. Will the principal beneficiary of the gift be the HSE or a separate charitable body?

Yes _____	No _____
-----------	----------

13. What is the practical impact of the gift within the HSE

No restrictions associated with the gift, can be used as required.

---

---

---

*If your answer was “Yes” to any of Question Nos. 1 - 8; or “No” to Question Nos. 9 – 11, careful consideration should be given to non acceptance of the gift.*

**Signatures:**

_____	_____	_____
_____	_____	_____
HSE Recommending Official	Date	Officers Title
_____	_____	_____
_____	_____	_____
HSE Authorising Official <sup>1</sup>	Date	Officers Title

---

<sup>1</sup> The authorising officer shall be no lower than grade 8 unless otherwise designated by the relevant Assistant National Director of Service.