

DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH Donation of Contractor-Acquired Property	1. Document No. and Date
---	--------------------------

Contractor must sign Item 6 and return all copies of this form to:	National Institutes of Health Attn: Property Administrator Building _____ Room _____ 9000 Rockville Pike Bethesda, Maryland 20892	2. Page 1 of _____ Pages
--	---	--------------------------

4. TRANSFERRED TO (Name and address of donee)	5. TRANSFERRED FROM								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contract No.</td> <td style="width: 50%;">Custodial Code</td> </tr> <tr> <td colspan="2"> Authority 31 USC 6306 </td> </tr> <tr> <td colspan="2">Signature of Chief, Property Accountability Section</td> </tr> <tr> <td colspan="2">Signature of Chief, Personal Property Branch</td> </tr> </table>	Contract No.	Custodial Code	Authority 31 USC 6306		Signature of Chief, Property Accountability Section		Signature of Chief, Personal Property Branch	
Contract No.	Custodial Code								
Authority 31 USC 6306									
Signature of Chief, Property Accountability Section									
Signature of Chief, Personal Property Branch									

6. **APPLICATION AND CERTIFICATION OF CONTRACTOR**
 Request that title to the listed contractor-acquired property be transferred to this organization/institution. As a condition to this donation it is agreed that no charge will be made in the future under any Government contract or grant for use, depreciation, or amortization of this property, and that it is intended to continue to use this property in research of interest to the Government.

Signature of Authorized Official	Title	Date
----------------------------------	-------	------

7. VERIFICATION BY PROPERTY ADMINISTRATOR The Contract Property records have been reviewed. The requested property was acquired with research funds and was not furnished from Government sources.	Property Administrator's Signature	Date
--	------------------------------------	------

8. **DETERMINATION AND AUTHORIZATION**
 The contractor has requested that title to the property listed below can be transferred to him/her. The head of the program sponsoring the research (or designated representative) has determined that the contractor's future use of the property will further the objectives of the Government. Therefore, it has been determined that the vesting of title in the contractor is more beneficial to the Government than any other type of disposition. Donation of the listed property is authorized and directed.

Contracting Officer's Signature	Date
---------------------------------	------

9. PROPERTY AUTHORIZED TO BE TRANSFERRED						
ITEM NO. 9a.	DESCRIPTION (Include NSN, mfg., model, type, capacity, dimensions, etc.) 9b.	QUANTITY 9c.	MFRG. SERIAL NO. 9d.	NIH PROPERTY NO. 9e.	COND. CODE 9f.	ACQUISITION COST 9g.

10. RELIEF OF CONTRACTOR FROM ACCOUNTABILITY Contractor is hereby relieved from accountability for listed property under contract indicated in Item 5. Remove all Government identification.	11. COST DATA
--	----------------------

SIGNATURE	DATE	Total NOR	Total G/L	GRAND TOTAL
		\$	\$	\$