WEST FLORIDA HISTORIC PRESERVATION, INC.
GIFT EVALUATION WORKSHEET

INITIAL CONTACT WITH POTENTIAL DONOR/VENDOR
Date:
Donor/vendor name: 
Telephone: 
Donor/vendor address: 

Brief description of artifact:

INITIAL STAFF CONTACT
Staff member contacted: 
How contacted (choose one): ___In person ___By letter ___By Phone ___By email ___Other: 
Does the potential donation/purchase fit within the scope of WFHPI collections?
___*Yes ___No 
Explain:

*If yes, artifact(s) referred to staff member for research:
Name: 
Date: 
If no, donor/vendor referred elsewhere? ___Yes ___No 
Name of Institution referred to:

WHERE IS/ARE THE ARTIFACT(S) BEING EVALUATED?
Location:
Temporary Receipt completed? ___Yes ___No 
Date Completed:

EVALUATION
Check all statements below that apply:
_____ The artifact(s) has/have historical, architectural, archaeological, or folk culture value relating to the history or culture of West Florida.
_____ The artifact(s) has/have potential for research or is/are useful for exhibition or interpretive purposes.
_____ The artifact(s) have legitimate and clear provenance.
_____ The current owner has clear title.
_____ Historic Pensacola can provide proper storage, protection, and preservation.
Is/Are the artifacts(s) recommended for addition to the WFHPI permanent collections?
___*Yes, ___*No 

Form updated 9/4/2013
IF NOT RECOMMENDED:
How was donor/vendor notified of negative recommendation?
   ___ in person   ___ by letter   ___ by phone   ___ other:
Date:                   By staff member: 
                      
Artifact(s) returned to owner.
                      
Artifact(s) disposed of. Method of Disposal:
Date:                   By staff member: 
                      
Other comments/notes:

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APPROVAL OF DONATION/PURCHASE
Artifact(s) is/are approved for acceptance into West Florida Historic Preservation, Inc., permanent collections by the Board of Directors. _____Yes, _____No.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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If artifact(s) is/are not in custody of West Florida Historic Preservation, Inc., record date received:

Signature of staff receiving artifact(s):

Other comments and notes:

If not approved, explain:

How was donor/vendor notified of rejection by Board?
   ___ in person   ___ by letter   ___ by phone   ___ other:
Date:                   By staff member: 
                      
Artifact(s) returned to owner.
                      
Artifact(s) disposed of. Method of Disposal:
Date:                   By staff member: 
                      
Comments: