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Visit the Connection Map at pathways.nccer.org
NCCER’s Connection Map was created to help connect construction industry representatives and educators. Each icon represents an interested individual at that location and when clicked, the individual’s contact information appears, as shown in the example below.

Industry representatives can participate on the map by signing up their organization as an industry participant and by adding donated materials as a free resource to educational organizations.

Sign up at pathways.nccer.org/connection-map

The above image is an example of an industry participant’s listing on the Connection Map.
HOW TO USE THE CONNECTION MAP

GET YOUR COMPANY ON THE MAP

Step 1: Visit the Connection Map at pathways.nccer.org.
Step 2: Click the “Get On the Map” button.
Step 3: Fill out the Connection Map form with information about your company and how you’d like to connect with education.
Step 4: NCCER is automatically notified of form submissions and updates the information on the Connection Map within five business days.
Step 5: To update your listing or share your success story, contact NCCER at marketing@nccer.org.

LIST YOUR DONATIONS (NEW FEATURE)

Step 1: Visit the Connection Map at pathways.nccer.org.
Step 2: Click the “Donate Materials” button.
Step 3: Fill out the online form to list available materials, supplies and/or tools.
Step 4: NCCER is automatically notified of form submissions and updates the Materials layer on the Connection Map within two business days.
Step 5: NCCER sends an email to all Construction Map participants announcing the donation.
Step 6: When someone reaches out to claim the materials, you can fill out the sample forms on the following pages for your organization’s records or use your own company’s forms. (These forms are for your records only—do not send to NCCER.)
Step 7: Once materials are claimed, contact NCCER at marketing@nccer.org to remove the listing.

CONNECT WITH EDUCATION

Step 1: Locate potential partners by zooming into your desired location on the map. Click on the white sidebar button in the top left corner of the map to show and hide map layers as desired.
Step 2: Click on the icon of the organizations near you to see what they need or can offer.
Step 3: Call or email the contact at the organization(s) that match your needs. Explain what you can offer and how it benefits them.
  • Setup a face-to-face meeting to follow up as soon as possible.
  • Create action items and set measurable objectives.
Step 6: Email marketing@nccer.org to share your success story!

Note: The time in which map updates are made are dependent upon the volume of submissions and is subject to change.
RELEASE OF LIABILITY AGREEMENT
FOR DONATED GOODS

Each party should retain a copy for their records.

_______________________________ ("SCOAR Member") agrees to donate to ______________________________ (“Recipient”) certain goods owned by SCOAR Member as identified and described on the attached Addendum ("Goods"); and Recipient is willing to receive the Goods in accordance with the terms of this Agreement as follows:

The Goods will be transferred, free and clear, of any liens, claims, or encumbrances.

Recipient accepts sole ownership of the Goods in its “as is” condition. Recipient assumes all liability for the Goods as of the Effective Date, including, but not limited to liability for any and all damages arising out of or resulting from the ownership, maintenance and use of the Goods. SCOAR Member hereby disclaims all warranties, expressed or implied, including, but not limited to, any warranty of fitness for a particular purpose.

Recipient agrees to release, indemnify and hold harmless SCOAR Member, it’s Board, officers, employees and agents, from any liability, damages, loss, claims, demands, actions, expenses and costs arising out of the donation of the Goods to Recipient, or Recipient’s use or otherwise resulting from Recipient’s possession of the Goods, including Recipients removal/transportation of goods from SCOAR Member’s premises. Recipient specifically agrees that SCOAR Member is not liable for any direct or consequential damages arising from the malfunction of or error in or from condition of Goods at the time of acceptance.

Recipient acknowledges that it has had the opportunity to examine the Goods identified on the attached Addendum and as consideration for SCOAR Member donating the Goods; Recipient agrees to accept all risk associated with the Goods in “as is” condition.

Recipient acknowledges and agrees that all donated Goods cannot be returned and/or donated to SCOAR Member and that Recipient is solely responsible for all Goods on receipt.

__________________________________________________   __________________________________________________
Signature                                                    Signature

__________________________________________________   __________________________________________________
Printed Name                            Printed Name

__________________________________________________   __________________________________________________
Job Title                                                Job Title

__________________________________________________   __________________________________________________
Date                                                     Date

Addendum to liability agreement for donated goods [list of donated items] on following page.
ADDENDUM TO LIABILITY AGREEMENT:
LIST OF DONATED ITEMS
Each party should retain a copy for their records.

__________________________________________________________________________________________________
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DONATION RECEIPT FOR TAX PURPOSES
Each party should retain a copy for their records.

DONOR INFORMATION

Donor: ___________________________________________  Contact:  ___________________________________________

Phone: ___________________________________________  Email  _____________________________________________

Address: ___________________________________________________________________________________________________

City: ____________________________________________________  State:  ________  Zip:  _________________________

Estimated Donation Value (as determined by donor):  _________________________________________________________

Description of Donation: ____________________________________________________________________________________

____________________________________________________________________________________________________________

Authorized Donor Signature: __________________________________________ Date:  ___________________________

RECIPIENT INFORMATION

Donation Recipient: _________________________________________________________________________________________

Department Receiving Donation:  ____________________________________________________________________________

Recipient Signature:  __________________________________________ Date:  _____________________________