

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ELIGIBILITY FORM

(Please type or print in blue or black ink only)

SECTION I: Provide the full legal name of your organization; the mailing address as recognized by the U.S. Postal Service, including the ZIP Code, and the street address if different from mailing address, or direction if located on a rural route or in other remote areas. List the county in which the organization is actually located and a business telephone number with the area code.

SECTION II: Check the appropriate box which describes your organization. (If you are unable to determine which status to check, please contact our office for assistance).

SECTION III: Check the appropriate box or boxes (check as many as apply) which indicates the type or purpose of your organization. (Please call our office if you require assistance in making this determination).

NON-PROFITS ONLY FILL OUT IV - VII:

SECTION IV: A comprehensive written description of all programs or services provided is required. A description of the operation facilities should also be included. Be sure to include information on staff and staff qualifications, hours of operation, services and programs offered, population or enrollment, fees charged, etc. Include samples of pamphlets, catalogs, brochures or posters. If incorporated, include a complete copy of Articles of Incorporation with all filing certificates and amendments, and a copy of your current By-Laws.

SECTION V: Check the appropriate box which indicates the organization's source of funding. Submit supporting documentation indicating the types and amounts of funding with the completed application.

SECTION VI: All applicants for "Non-Profit, Tax Exempt Organizations" must provide a copy of the IRS determination letter indicating tax exemption under Section 501 of the IRS Code of 1954. The name of the organization on this IRS letter MUST match the name provided in Section I of this application. If not, include sufficient evidence, such as amendments to Articles of Incorporation, or Assumed Name filing certificates, to establish an "audit trail" of names showing the legal connection.

SECTION VII: Applicants for "Non-Profit, Tax exempt organizations" are required to submit evidence that the applicant is currently approved, accredited, or licensed. Programs for older individuals must include evidence of funding under the Older Americans Act of 1965; Titles IV or XX of the Social Security Act; Titles VIII or X of the Economic Development Act of 1965; or the Community Services Block Grant Act. Providers of Assistance to the Homeless must include a letter from the Mayor, county judge, city or county health officer or comparable authority which certifies that the applicant is a provider of assistance to the homeless. The certification must identify the service or assistance being provided and the number of individuals receiving such assistance.

SECTION VIII: Annotate date and provide an original signature of applicant's Authorized Official (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Fire Chief or other comparable authorized official). Photo copied, rubber stamped, machine produced, carbon, or other facsimile type signatures are not acceptable.

NOTE: INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED. USE THIS INSTRUCTION SHEET AS YOUR CHECK LIST TO ASSURE ALL REQUIRED INFORMATION AND DOCUMENTATION IS PROVIDED. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, CALL 378-6049.

APPLICATION FOR ELIGIBILITY

To Receive Surplus Property

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

Street Address (REQUIRED)

Mailing Address (PO Box Number, Street, City, State and Zip Code)

____ (____) _____ (____) _____
County Telephone No. Fax No.

Employer Identification or Federal Tax ID Number E-Mail Address

II. APPLICANT STATUS (CHECK ONE):

- Public Agency including Public Schools Non-Profit, Tax Exempt Organization

III. TYPE OR PURPOSE OF ORGANIZATION:

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> State | <input type="checkbox"/> College or University | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Training Center | <input type="checkbox"/> Medical Institution |
| <input type="checkbox"/> County | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Handicapped School | <input type="checkbox"/> Radio/TV Station | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> City | <input type="checkbox"/> Secondary School | <input type="checkbox"/> School for Retarded | <input type="checkbox"/> Library | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> School District | <input type="checkbox"/> Museum | <input type="checkbox"/> Sheltered Workshop Training Program | |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Program for Older Individuals | | <input type="checkbox"/> Provider of Assist. to Homeless Persons | |
| <input type="checkbox"/> Provider of Assist. to Impoverished Families & Individuals | | <input type="checkbox"/> SBA | <input type="checkbox"/> SEA | |
| <input type="checkbox"/> Other (Specify) _____ | | | | |

NON-PROFITS ONLY

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAMS OR SERVICES OFFERED, INCLUDING A DESCRIPTION OF FACILITIES OPERATED.

V. SOURCES OF FUNDING (ATTACH SUPPORTING DOCUMENTS)

- Tax Supported Grant Contributions Other (Specify) _____

VI. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954? YES NO (Copy Required)

VII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED OR LICENSED?

- YES NO (Copy Required) **BY WHAT AUTHORITY?** _____

VIII. _____
Date

Signature of Authorized Official for Organization

