

DC STATE AGENCY FOR SURPLUS PROPERTY

2100 Adams Place, NE, 2nd Floor
Washington, DC 20018-3627
(202) 576-6472 FAX (202) 576-7111

FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM
APPLICATION FOR ELIGIBILITY AND CERTIFICATION

1. APPLICANT INFORMATION

Form section for Applicant Information with fields: a. Legal Name of Applicant, b. Federal Tax ID Number, c. Date, d. Street Address, d-1. Zip Code, e. Telephone, f. Mailing Address, f-1. Zip Code, g. Fax Number, h. Contact Person(s), i. Contact Telephone, j. Email. Includes a red line for State Agency ID Number.

2. APPLICANT STATUS

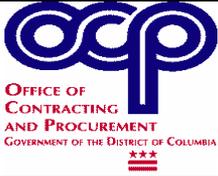
6. SUPPLEMENTARY MATERIAL REQUIRED CHECKLIST

Main body of the application form containing sections: 2. APPLICANT STATUS (Public Agency/Private Nonprofit), 3. PURPOSE OR TYPE OF ORGANIZATION (Educational, Health, Public Safety, etc.), 4. PROGRAM OR SERVICES OFFERED, 5. SOURCE OF FUNDING, and 6. SUPPLEMENTARY MATERIAL REQUIRED CHECKLIST (Tax-Exempt Status, Program & Facility Status, Concise Description, Narrative, etc.).

FOR DC STATE AGENCY USE

Approval section with checkboxes for 'Application Approved' and 'Application Disapproved', and a field for 'Comments'.

Certification section with fields for Date, Certified as, and Signature. Signature: Marvin Manassa, Director, DC State Agency for Surplus Property.



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**FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM
 DESIGNATED REPRESENTATIVE & AUTHORIZED SCREENER**

1. APPLICANT OR DONEE INFORMATION

NOTE: The Head of the Institution/Organization must sign this form. If any person other than listed below is authorized to select property at the distribution center, a letter of authorization signed by the Administrative Head must be presented at the center for each visit.

a. Legal Name of Applicant		b. Federal Tax ID Number	c. Date
d. Street Address	WDC	d-1. Zip Code	e. Telephone
f. Mailing Address	WDC	f-1. Zip Code	g. Fax Number
h. Contact Person(s)	i. Contact Telephone	j. Email	
		State Agency ID Number	

2. Designated Representative for Surplus Property:

Signature:
Type Name:
Type Title:

3. (✓) Check applicable one

<input type="checkbox"/>	Initial authorization	<input type="checkbox"/>	Additional authorization
<input type="checkbox"/>	Supersedes all previous authorizations	<input type="checkbox"/>	Deletions (type names)

4. Additional Persons Authorized to Select and Sign for Property

Signature:		Signature:	
a.	Print/Type Name:	d.	Print/Type Name:
	Print/Type Title:		Print/Type Title:
Signature:		Signature:	
b.	Print/Type Name:	e.	Print/Type Name:
	Print/Type Title:		Print/Type Title:
Signature:		Signature:	
c.	Print/Type Name:	f.	Print/Type Name:
	Print/Type Title:		Print/Type Title:

5. Head of Institution or Organization

Signature:
Print/Type Name:
Print/Type Title: