

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 1: APPLICANT INFORMATION. Includes fields for Legal Name of Applicant, Federal Tax ID Number, Date, Street Address, Zip Code, Telephone, State Agency ID Number, Mailing Address, Fax Number, Contact Person(s), and Contact Telephone/Email.

2. APPLICANT STATUS

6. SUPPLEMENTARY MATERIAL REQUIRED CHECKLIST

Form section 2: APPLICANT STATUS. Includes checkboxes for Public Agency (District, Multi-jurisdictional) and Private Nonprofit (Tax exempt 501(c)(3)).

3. PURPOSE OR TYPE OF ORGANIZATION

Form section 3: PURPOSE OR TYPE OF ORGANIZATION. Includes checkboxes for Educational, Health, Public Safety, Charter School, Child Care Center, Radio/TV Station, Library, Museum, Older Individuals/Aging Agency, Provider of Assistance to Impoverished Families/Individuals, and Provider of Assistance to the Homeless.

4. PROGRAM OR SERVICES OFFERED

Form section 4: PROGRAM OR SERVICES OFFERED. Includes a text field for a written description of programs, services, and facilities offered.

5. SOURCE OF FUNDING

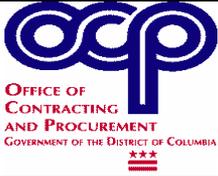
Form section 5: SOURCE OF FUNDING. Includes checkboxes for Tax-Supported, Grants, Contributions, and Other (specify source).

HEAD OF INSTITUTION OR ORGANIZATION APPROVAL

Form section 6: SUPPLEMENTARY MATERIAL REQUIRED CHECKLIST. Includes checkboxes for Concise Description of Program Services, Narrative and/or Description of Program and Staff, Educational Radio or Television Stations, Library, Museum, and Older Individuals/Aging Agency funding sources.

FOR DC STATE AGENCY USE

Form section 7: FOR DC STATE AGENCY USE. Includes checkboxes for Application Approved and Application Disapproved, with fields for Date, Certified as, Signature, and Comments.



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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: