

**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 on the first line of this section. Provide the mailing address of your organization as recognized by the U.S. Postal Service. Include ZIP CODE. Provide the street address if different from mailing address, or provide directions if located on a rural route or other remote area. List the county in which the organization is actually located and a business telephone number with area code.

**SECTION II:** Check the appropriate box which describes your organization. (If you are unable to determine which status to check, please contact this 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. (Definitions have been provided on the reverse side of the application to assist in making this determination.)

**SECTION IV:** A comprehensive written description of all programs or services provided is required. A description of the operational 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 complete copy of Articles of Incorporation with all filing certificates and amendments, and copy of your current by-laws.

**SECTION V:** Check the appropriate box, which indicates the organization's sources of funding. Supporting documentation indicating the types and amounts of funding must be submitted with the completed application.

**SECTION VI:** All applicants making application as "Nonprofit, tax-exempt organizations" must provide a copy of the IRS determination letter indicating tax exemption under Section 501 of the I.R.S. Code of 1994. 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 making application as "Nonprofit, tax-exempt organization" 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 1964; or the Community Services Block Grant Act. Providers of assistance to homeless individuals must include a letter from the mayor; county judge, city or county health officer or comparable authority, which certifies that 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 APPLICATIONS WILL NOT BE PROCESSED. USE THIS INSTRUCTION SHEET, AS YOUR CHECK LIST TO ASSURE ALL REQUIRED INFORMATION AND DOCUMENTATION IS PROVIDED. SHOULD YOU HAVE ANY QUESTIONS OR NEED FURTHER ASSISTANCE, PLEASE CONTACT THE FEDERAL SURPLUS PROGRAM AT 860-713-5792.

CONNECTICUT STATE AGENCY FOR FEDERAL PROPERTY  
165 Capitol Ave. 5<sup>th</sup> Floor East  
Hartford, CT 06106

**APPLICATION FOR ELIGIBILITY**  
To Receive Federal Surplus Property (41 CFR 101-44207)

**I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:**

\_\_\_\_\_  
*Name of Organization* *Federal Tax ID#*

\_\_\_\_\_  
*Mailing Address (P.O. Box #, Street, City & State)* *Zip Code*

\_\_\_\_\_  
*Street Address/Location (if different from mailing address)*

\_\_\_\_\_  
*Phone ( ) Fax:( )*

\_\_\_\_\_  
*County*

*Email:* \_\_\_\_\_

**II. APPLICANT STATUS (CHECK ONE):**

- Public Agency including Public Schools (evidence must be provided)
- Nonprofit, tax-exempt Organization  Congressional District (Required)

**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"/> Secondary School                  | <input type="checkbox"/> School for Handicap | <input type="checkbox"/> Radio/TV Station                    | <input type="checkbox"/> Hospital            |
| <input type="checkbox"/> City                          | <input type="checkbox"/> Elementary School                 | <input type="checkbox"/> School for Retarded | <input type="checkbox"/> Library                             | <input type="checkbox"/> Health Center       |
| <input type="checkbox"/> School District               | <input type="checkbox"/> Parochial school                  | <input type="checkbox"/> Museum              | <input type="checkbox"/> Sheltered Workshop Training Program |  |
| <input type="checkbox"/> Program for Older Individuals | <input type="checkbox"/> Provider for Homeless Individuals | <input type="checkbox"/> Clinic              | <input type="checkbox"/> Political Subdivision               |  |
| <input type="checkbox"/> Other (specify) _____         |  |  |  |  |

**IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAM OR SERVICES OFFERED, INCLUDING A DESCRIPTION OF FACILITIES OPERATED. (REQUIRED)**

**V. The Federal Government requires the SASP's to report the demographic areas that each Donee provides services for. Please include all Zip Codes that your organization serves.**

**VI. SOURCES OF FUNDING (Attach Supporting Documentation):**

- Tax Supported  Grant  Contribution  Other (specify) \_\_\_\_\_

**VII. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: \_\_\_\_\_ (COPY REQUIRED)**

**VIII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? \_\_\_\_\_ (COPY REQUIRED) BY WHAT AUTHORITY? \_\_\_\_\_**

**IX.** \_\_\_\_\_  
*Date* *Name (Please print)* *Signature of Authorized Official*

**FOR STATE AGENCY USE ONLY**

- The applicant has been determined  eligible  not eligible  conditionally eligible  
as  a public agency,  nonprofit education,  nonprofit health

Eligibility expires: \_\_\_\_\_ Donee # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



## FEDERAL SURPLUS PROPERTY

### GENERAL SERVICES ADMINISTRATION TERMS AND CONDITIONS

THE DONEE AGREES TO THE TERMS AND CONDITIONS OF THIS TRANSFER AS OUTLINED ON THE CERTIFICATIONS AND AGREEMENTS FORM ON THE CT SASFP ISSUE SHEET EXECUTED ON JULY 1996. THIS DEVIATION WILL REMAIN IN EFFECT UNTIL FPMR AMMENDMENT REVISING THE PRINTING AND PROCESSING REQUIREMENT FOR THE CT SASFP ISSUE SHEET IS ISSUED.

Certification (1) the prospective lower tier participant certifies by submission of this proposal, that neither it nor its principal is presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation of this proposal.

Received By: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Signature of Authorized Official)*

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\* This Form Must Be Signed For Completion Of Your Federal Application!**

Phone: (860) 713-5792 Fax: (860) 713-7395  
165 Capitol Ave., 5<sup>th</sup> Floor Hartford, CT 06106