

**DC STATE AGENCY FOR SURPLUS PROPERTY**

2100 Adams Place, NE, 2<sup>nd</sup> 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**

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. APPLICANT STATUS**

**6. SUPPLEMENTARY MATERIAL REQUIRED CHECKLIST**

APPLICANT STATUS (Check appropriate box)

(a) PUBLIC AGENCY  District  Multi-jurisdictional

(b) PRIVATE NONPROFIT  Tax exempt 501 (c) (3)

(a) Tax-Exempt Status  
 YES, have Tax-exempt § 501C3 status (attach copy)  
 NO, have not received Tax-exempt § 501C3 status

(b) Program & Facility Status  
 Accredited  Approved  
 Licensed  
 Letter of Evidence Status  
 Letter of Evaluation from Program Authority

**3. PURPOSE OR TYPE OF ORGANIZATION**

Educational  Health  Public Safety

Specify type \_\_\_\_\_

Charter School  Older Individuals/Aging Agency  
 Child Care Center  Provider of Assistance to Impoverished Families/Individuals  
 Radio/TV Station  Provider of Assistance to the Homeless  
 Library  
 Museum

(c) Concise Description of Program Services and/or Activities  
 Must be attached (bulletins/brochures may be used if the content covers needed description in short paragraph)

(d) Narrative and/or Description of Program and Staff  
 Articles of Incorporation  Program/Services Offered  
 Enrollment/Capacity  Program Hours/Days  
 Physical Facilities  Staff and Qualifications

**4. PROGRAM OR SERVICES OFFERED**

Provide a written description of programs, services, and facilities offered. Refer to Supplementary Materials 6(b), 6(c) and 6 (d)

(e) Educational Radio or Television Stations  
 Must attach Copy of FCC License

**5. SOURCE OF FUNDING**

Tax-Supported  Grants  Contributions  
 Other (specify source) \_\_\_\_\_

(f) Library (If applicant is a library, include statement that it serves free all residents of a community, district, state or region)  
 Statement included

**HEAD OF INSTITUTION OR ORGANIZATION APPROVAL**

Date	Signature
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(g) Museum (If applicant is a museum, include statement that it is open and attended by the public)  
 Statement included

Type Name	
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(h) Older Individuals/Aging Agency Supply funding source for specific time period. Law requires funding from one or more of the following:  
 Older American Act of 1965, as amended  
 The Social Security Act (Title IV & XX)  
 The Economic Opportunity Act Titles VIII & X  
 The Community Service Block Grant Act

Type Official Title	
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**FOR DC STATE AGENCY USE**

**Application Approved**  
Applicant conforms to all eligibility requirements as prescribed by 41 CFR 101-44.207 and the DC Plan of Operation; is hereby certified for full participation.

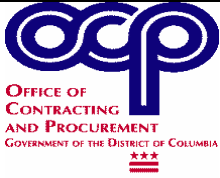
**Application Disapproved**  
Comments \_\_\_\_\_

Date \_\_\_\_\_

Certified as: \_\_\_\_\_

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	
			<b>State Agency ID Number</b>

**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: