

STATE OF CONNECTICUT FEDERAL SURPLUS
DONEE'S CHECK LIST
READ CAREFULLY

THIS FORM DOES NOT NEED TO BE RETURNED WITH YOUR FEDERAL APPLICATION. HOWEVER, IT IS SUGGESTED THAT YOU REVIEW AND CHECK OFF EACH AREA AS YOU COMPLETE THE APPLICATION.

APPLICATION FOR ELIGIBILITY FORM

- I. Legal Name & Mailing Address of Applicant Organization. Telephone and Fax number need to be completed.
- II. Applicant Status (Must Check One)
- III. Type or Purpose of Organization. Check appropriate box that best describes your organization.
- IV. Provide a Written Description of Program or Services Offered, Including a Description of Facilities Operated. This is (Required).
- V. Zip Codes for all areas served by Donee.
- VI. Sources of Funding (Attach Supporting Documentation)
- VII. Has the Organization been determined to be Tax Exempt under Section 501 of the Internal Revenue Code of 1954: (A copy is required to be eligible.)
- VIII. Has the Organization been approved, accredited, or licensed? (A copy is required to be eligible.)
- IX. An Authorized Official needs to sign and date the application.

AUTHORIZED REPRESENTATIVES FORM

- I. Legal Name & Mailing Address of Applicant Organization
- II. The Following Representatives are Designated to: Please read A., B., C., D.,
- IV. Representatives: Print complete name, title, and then sign.
- V. Certification Please date and print name of authorized official and title, then sign application.

NON DISCRIMINATION ASSURANCE

- Complete, sign, and date.

GENERAL SERVICES ADMINISTRATION TERMS AND CONDITIONS

- This form must be completed and kept in our files.

CUSTOMER WANTS AND NEED LIST (WISH LIST)

- This form is a customer wants and needs list. When Federal Surplus becomes available the list is checked to find a customer that has requested an item. (Optional Form)