



APPLICATION FOR DONATION OF SURPLUS

Agency Name _____

Location _____

Mailing Address _____

Telephone _____ Fax Number _____

Director _____ Title _____

Month and Year Organization Created _____

DESCRIPTION OF PROGRAM

Item Requested _____

Program Description:

Program Objective:

Anticipated Community Benefit to be derived from Surplus Item Delivery: _____

Evidence of Non-Profit Status (i.e.: copy of letter from IRS showing 501C3 Status): _____

DONATION HISTORY – Please respond as indicated below if you have received surplus items from the city in the past.

<u>Year</u>	<u>Surplus Item Received From The City</u>
20_____	_____
20_____	_____
20_____	_____
20_____	_____

I, _____ as presiding officer of the aforementioned agency, do hereby acknowledge and agree that the proposed donation is intended for the use and purposes herein expressed.

Signature

Application prepared by: _____ Title _____

Approved by the Procurement Service Manager

Disapproved by the Procurement Service Manager

Date

Date