APPLICATION FOR ELIGIBILITY
FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM
ELIGIBILITY UPDATE AND RECERTIFICATION

District of Columbia State Agency for Surplus Property
2100 Adams Place, N.E., 2nd Floor
Washington, D.C. 20018-3627
(202) 541-6017 FAX (202) 576-7111

1. Institution/Organization Name:

Please provide explanations for any changes.

2. Street Address
   Zip Code
   Telephone
   Fax Number
   
2a. Mailing Address
   Zip Code
   Alt. Number
   Email

Please provide explanations for any changes.

3. Indicate the name and proper title, ie. president, executive director, principal, etc. of the institution/organization head and authorizing official (new institution/organization head should forward a letter of introduction).

Name and Title

4. Have there been any changes in the organizational status of the institution/organization that would affect its eligibility?

   YES □ NO □ If YES, please explain:

5. Have there been any changes in the institution/organization's program or facility status that would affect its eligibility?

   YES □ NO □ If YES, please explain:

6. If applicable, is the institution/organization's Federal Tax Exempt Status current?

   YES □ NO □ If NO, please explain:
   N/A □

7. If applicable, does the institution/organization continue to maintain its approval or accreditation by the appropriate authority?

   YES □ NO □ If NO, please explain:
   N/A □

8. If applicable, are all required licenses current?

   YES □ NO □ If YES, please return a copy of current license(s) to DC State Agency to be included in the institution's or organization's file. If NO, please explain:
   N/A □

As the Institution/Organization Head and Authorizing Official of ___________________________, I certify and affirm that the proceeding answers and/or explanations are true and correct to the best of my knowledge. I further certify and affirm that I am aware of no conditions or circumstances not disclosed above that may adversely affect the Institution/Organization's eligibility and/or re-certification for the Federal Surplus Property Assistance Program.

Signature: __________________________ Date: __________________________

Print/Type Name: __________________________ Title: __________________________
ACKNOWLEDGEMENT OF THE DONEE TO THE CERTIFICATIONS AND AGREEMENTS (INCLUDING TERMS, CONDITIONS, RESERVATIONS AND RESTRICTIONS) COVERING THE DONATION OF DONABLE FEDERAL SURPLUS PROPERTY

Date

BY:

Donee Name

Mailing Address

Washington, DC

Signature

Institution/Organization Head
(please print/type)

Zip Code