# CITY OF LUBBOCK

APPLICATION FOR ELIGIBILITY
To Receive City Surplus Property

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)

_____(_____)_____
County Telephone #

II. APPLICANT STATUS (CHECK ONE):

- ❑ Civic Organization (evidence must be provided)
- ❑ Charitable Nonprofit Tax-exempt Organization
- ❑ Governmental Agency

III. TYPE OR PURPOSE OF ORGANIZATION

| | | | | |
|---|---|---|---|---|
| State | College or University | Child Care Center | Training Center | Medical Institution |
| County | Secondary School | School for Handicapped | Radio/TV Station | Hospital |
| City | Elementary School | School for Retarded | Library | Health Center |
| School District | Preschool | Museum | Sheltered Workshop Training Program | |
| | Program for Older Individuals | | Provider of Assistance to Homeless Individuals | |
| | Other (specify) _____ | | | Clinic |

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

V. SOURCES OF FUNDING (Attach Supporting Documentation):

Tax Supported Grant Contributions Other (Specify) _____

VI. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER THE INTERNAL REVENUE CODE?: _____ (*COPY REQUIRED*)

VII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? _____ (*COPY REQUIRED*)

BY WHAT AUTHORITY? _____

VIII. _____ _____
Date Signature of Authorized Official

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FOR CITY USE ONLY

The applicant has been determined eligible ineligible

As a civic organization nonprofit education nonprofit health governmental agency

Eligibility expires:_____ Account # _____

_____ _____
City Manager Date

_____ _____
MAYOR Date

**MAIL COMPLETED FORMS TO: CITY OF LUBBOCK PURCHASING MANAGER, BOX 2000, LUBBOCK, TX 79457.**

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ELIGIBILITY FORM
(Please type or print in 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 that 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 program 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 a copy of your current By-Laws.

SECTION V: Check the appropriate box that indicates the organization 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 status under the Internal Revenue Code. 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; the Social Security Act; the Economic Development Act of 1964; or the Community Services Block Grant Act. Providers of assistance of homeless individuals must include a letter from the mayor, county judge, city or county health officer or comparable authority that 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 or applicant's Authorized Office (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Fire Chief, or other comparable authorized official.) Photocopied, 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 CHECKLIST TO ASSUME THAT ALL REQUIRED INFORMATION AND DOCUMENTATION IS PROVIDED. IF YOU HAVE A QUESTION OR NEED ASSISTANCE CALL: 806/775-2165