

STATE OF ALASKA  
FEDERAL SURPLUS PROPERTY PROGRAM  
2400 VIKING DRIVE, ANCHORAGE, ALASKA 99501  
TEL: (907) 754-3405 - FAX: (907) 754-3407  
EMAIL: charlie.summerfield@alaska.gov

## APPLICATION FOR ELIGIBILITY

### INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ELIGIBILITY FORM TO RECEIVE FEDERAL SURPLUS PROPERTY (41 CFR 101-44.207)

**See pages 7-10 for list of required supporting documentation that must be submitted with application.**

**All donees must reapply every three (3) years. To reapply, a donee must submit a completed Application for Eligibility along with all required supporting documentation.**

**SECTION I:** Provide the full legal name of your organization on the first line of this section. Provide the Federal Employer ID#. Provide the complete mailing address of your organization as recognized by the U.S. Postal Service, including the nine-digit Zip Code. Provide the street address, if different from mailing address, or provide directions if located on a rural route or in other remote area. List a business telephone number with area code, and a fax number. Provide the fiscal year ending date and an email address. **E-mail addresses provided will receive broadcast e-mails about account status, new arrivals, specials, and any discounts.**

**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) that indicate the type or purpose of your organization. Please see pages 7-10 for additional requirements for specific types of organizations.

**SECTION IV:** Provide a comprehensive written description of all programs or services and a description of the operational facilities. Be sure to include hours of operation, services and programs offered, population or enrollment, fee charges, etc. Include samples of pamphlets, catalogs, brochures, posters, or other printed materials. Please see pages 7-10 to determine if this requirement applies to your organization.

**SECTION IV:** Indicate source(s) of funding for your organization and provide supporting documentation if appropriate.

**SECTION V:** Provide Copy of IRS Tax Exemption Letter under Section 501(C) of Internal Revenue Code; Articles of Incorporation; Bylaws; and State Certificate of Incorporation. The name of the organization on this IRS letter must match the name provided in Section I of this application. If not, applicant must include sufficient evidence such as amendments to Articles of Incorporation, or Assumed Name filing certificates to establish an audit trail or names showing the legal connection. Please see pages 7-10 to determine if this requirement applies to your organization.

**SECTION VI:** Nonprofit, tax exempt organizations are required to submit evidence that they are currently approved, accredited or licensed by a nationally recognized accrediting or licensing organization. Recreation, social service, referral only, religious and counseling service programs are not eligible to participate in the program. Please see pages 7-10 to determine if this requirement applies to your organization.

**SECTION VII:** Annotate date and provide an *original* signature of applicant's Authorizing Official (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Superintendent, Fire Chief or other person with authority to execute legal documents for the applicant). Applications submitted by counties must be signed by the County Judge. Type or print the name and title of authorizing official on the lines provided.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, PLEASE CALL (907) 754-3405.**

#### **SEND ALL APPLICATIONS TO:**

*(NEW accounts - originals must be mailed;  
Existing accounts – may be faxed or emailed)*

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**SIGNATURE FROM AUTHORIZING OFFICIAL IS REQUIRED ON PAGES 2 - 6**

## APPLICATION FOR ELIGIBILITY

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK WHERE APPROPRIATE

**I. ORGANIZATION NAME & INFORMATION:** Payments must be in the name of donee or parent company.

LEGAL NAME OF ORGANIZATION _____		FEDERAL EMPLOYER ID _____	
STREET ADDRESS _____	CITY _____	AK STATE	ZIP CODE _____
MAILING ADDRESS (P.O. Box #) _____	CITY _____	AK STATE	ZIP CODE _____
COUNTY _____	TELEPHONE # _____	FAX # _____	
FISCAL YEAR END DATE: _____		EMAIL: _____	

**II. APPLICANT STATUS (CHECK ONE):**

- Public Agency, including Public Schools (Tax Supported)       SBA 8(a) Business Development Program  
 Nonprofit, tax-exempt Organization

**III. TYPE OR PURPOSE OF ORGANIZATION:** (see pages 7-10 for requirements for specific types of organizations)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> State Agency         | <input type="checkbox"/> School District                                 | <input type="checkbox"/> Program Funded for Older Americans         |
| <input type="checkbox"/> County               | <input type="checkbox"/> Preschool                                       | <input type="checkbox"/> Provider of Assistance to the Homeless     |
| <input type="checkbox"/> City                 | <input type="checkbox"/> Elementary School                               | <input type="checkbox"/> Provider of Assistance to the Impoverished |
| <input type="checkbox"/> Medical Institution  | <input type="checkbox"/> Middle or High School                           | <input type="checkbox"/> Emergency Services District                |
| <input type="checkbox"/> Health Center        | <input type="checkbox"/> College or University                           | <input type="checkbox"/> Volunteer Fire Dept., EMS or Rescue Squad  |
| <input type="checkbox"/> Clinic/Hospital      | <input type="checkbox"/> School for Students With Disabilities           | <input type="checkbox"/> Public Safety (specify) _____              |
| <input type="checkbox"/> Child Care Center    | <input type="checkbox"/> Museum or Zoo                                   | <input type="checkbox"/> SBA 8(a) Business                          |
| <input type="checkbox"/> Radio/TV Station     | <input type="checkbox"/> Library   | <input type="checkbox"/> Service Educational Activity               |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Conservation (soil, water, or utility district) | <input type="checkbox"/> Other _____                                |

**IV. SOURCE(S) OF FUNDING:**  Tax-supported     Grants     Contributions     Other \_\_\_\_\_

**V. (For non-profit organizations only) HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1986?**     Yes     No

**VI. IS THE ORGANIZATION APPROVED, ACCREDITED, OR LICENSED?**     Yes     No  
**IF YES, BY WHAT AUTHORITY?** (attach supporting documents) \_\_\_\_\_

**VII. SIGNATURE & TITLE OF AUTHORIZING OFFICIAL FOR ORGANIZATION** (ex. Mayor, County Judge, Superintendent, President, CEO, Fire Chief)

PRINTED NAME OF AUTHORIZING OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

**X**

SIGNATURE OF AUTHORIZING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

## AUTHORIZED REPRESENTATIVES

- I. An "Authorized Representative" is a person from your organization that has been authorized to sign for the release of property on the organization's behalf. **All representatives listed in any prior applications or account updates will be deleted from the account. Only those representatives listed on this application will be allowed to acquire property.**
- II. **An authorized representative must have a signature on file with our office in order to sign for the release of property.** All others listed below may visit our warehouse locations and will be included in email broadcasts from our office, but will not be able to sign for the release of property until a signature is obtained. **Valid driver's license or state issued photo identification required prior to entering state or federal facilities.**
- III. If you wish to have the Authorizing Official included as an Authorized Representative on your account, please be sure to include him/her in the list below.
- IV. If you wish for the representative to be our on mailing list only, and be unable to sign for property, please write/type "Mailing List Only" in the "Authorized Representative's Signature" column.

NAME	TITLE	TELEPHONE and EMAIL ADDRESS	<u>Authorized Representative's Signature</u>
(example) John Doe	County Judge	(907) 123-4567 John.doe@gmail.com	<i>John Doe</i>

The applicant hereby certifies the information provided is correct and complete and he/she understands and agrees to all terms and conditions.

\_\_\_\_\_  
NAME OF APPLICANT ORGANIZATION

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED OFFICIAL

**X**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZING OFFICIAL & TITLE** (e.g., Mayor, Director, Superintendent, Judge)      DATE

SEND ALL APPLICATIONS TO:

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## NONDISCRIMINATION ASSURANCE

\_\_\_\_\_ the donee, agrees that the program for or in connection with  
(Legal Name of Organization)

which any property is donated to the donee will be conducted in compliance with, and the donee will comply with and will require any other person (any legal entity) who through contractual or other arrangements with the donee is authorized to provide services or benefits under said program to comply with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 C.F.R., 101-6.2 and 101-8) issued under the provisions of Title VI of the Civil Rights Act of 1964, as amended, Section 606 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, Section 303 of the Age Discrimination Act of 1975, and the Civil Right Restoration Act of 1987, to the end that no person in the United States shall on the ground of race, color, national origin, sex, or age, or that no otherwise qualified handicapped person shall solely by reason of the handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity for which the donee received Federal assistance from the General Services Administration; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

The donee further agrees (1) that this agreement shall be subject in all respects to the provisions of said Federal statutes and regulations (2) that this agreement obligates the donee for the period during which it retains ownership or possession of the property, (3) that the United States shall have the right to seek judicial enforcement of this agreement, and (4) that this agreement shall be binding upon any successor in interest of the donee and the word "donee" as used herein includes any such successor in interest.

**COUNTY/COUNTIES SERVED BY APPLICANT ORGANIZATION:** \_\_\_\_\_

**X**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZING OFFICIAL & TITLE** (e.g., Mayor, Director, Superintendent, Judge)      **DATE**

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## DONEE CERTIFICATIONS & AGREEMENTS

### (a) THE DONEE CERTIFIES THAT:

(1) It is a public agency or a nonprofit institution or organization, exempt from taxation under section 501 of the Internal Revenue code of 1954; within the meaning of section 203(j) of the Federal Property and Administrative Services Act of 1949, as amended, and/or the regulations of the General Services Administration (GSA).

(2) If a public agency, the property is needed and will be used by the recipient for carrying out or promoting for the residents of a given political area one or more public purposes, or if a nonprofit tax-exempt institution or organization, the property is needed for and will be used by the recipient for educational or public health purposes, including research for any such purpose, or for programs for older individuals, or SBA or SEA organizations, or assistance to homeless/ impoverished. The property is not being acquired for any other use or purpose, or for sale or other distribution; or for permanent use outside the State, except with prior approval of the State agency and GSA.

(3) Funds are available to pay all costs and charges incident to donation.

(4) This transaction shall be subject to the nondiscrimination regulations governing the donation of surplus personal property issued under Title VI of the Civil Rights Act of 1964, Title VI Section 606 of the Federal Property and Administrative Services Act of 1949, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, and Section 303 of the Age Discrimination Act of 1975 and the Civil Right Restoration Act of 1987.

(5) In accordance with 28 C.F.R. Section 42.401-42.415, the Federal Surplus Property Program collects information related to a donee's race and national origin in order to provide GSA officials, upon request, with enough information for determining compliance with applicable civil rights laws. Data is collected for those donees who; (1) are eligible to participate in the FSP Program; (2) those actually participating in the recipient's programs and activities; (3) those denied participation in the recipient's program.

### (b) THE DONEE AGREES TO THE FOLLOWING FEDERAL CONDITIONS:

(1) All items of property shall be placed in use for the purpose(s) for which acquired within one year of receipt and shall be continued in use for such purposes for one year from the date the property was placed in use. In the event the property is not so placed in use, or continued in use, the donee shall immediately notify the State agency, and at the donee's expense, return such property to the State agency, or otherwise make the property available for transfer or other disposal by the State agency, provided the property is still usable as determined by the State agency.

(2) Such special handling or use limitations as are imposed by General Services Administration (GSA) on any item(s) or property.

(3) In the event the property is not used or handled as required by (b)(1) and (2), title and right to the possession of such property shall at the option of GSA revert to the United States of America and upon demand the donee shall release such property to such person as GSA or its designee shall direct.

### (c) THE DONEE AGREES TO THE FOLLOWING CONDITIONS IMPOSED BY THE STATE AGENCY, APPLICABLE TO ITEMS WITH A UNIT ACQUISITION COST OF \$5,000 OR MORE AND PASSENGER MOTOR VEHICLES, REGARDLESS OF ACQUISITION COST, EXCEPT VESSELS 50 FEET OR MORE IN LENGTH AND AIRCRAFT, FOREIGN GIFTS OR OTHER ITEMS OF PROPERTY REQUIRING SPECIAL HANDLING OR USE LIMITATIONS, REGARDLESS OF THE ACQUISITION COST OR PURPOSE FOR WHICH ACQUIRED:

(1) The property shall be used only for the purpose(s) for which acquired and for no other purpose(s).

(2) There shall be a period of restriction which will expire after such property has been used for the purpose(s) for which acquired for a period of 18 months from the date the property is placed in use.

(3) In the event the property is not used as required by (c)(1) and (2) and Federal restrictions (b)(1), (b)(2) and (f) have expired then right to the possession of such property shall at the option of the State agency revert to the State of Alaska and the donee shall release such property to such person as the State agency shall direct.

### (d) THE DONEE AGREES TO THE FOLLOWING TERMS, RESERVATIONS, AND RESTRICTIONS:

(1) From the date it receives the property and through period(s) of time the conditions imposed by (b), (c) and (f) remain in effect, the donee shall not sell, trade, lease, lend, bail, cannibalize, encumber, or otherwise dispose of such property, or remove it permanently, for use outside the State, without the prior approval of GSA under (b) and (f), or the State agency under (c) and (f). The proceeds from any sale, trade, lease, loan, bailment, encumbrance or other disposal of the property, when such action is authorized by GSA or by the State agency, shall be remitted promptly by the donee to GSA or the State agency, as the case may be.

(2) In the event any of the property is sold, traded leased, loaned, bailed, cannibalized, encumbered, or otherwise disposed of by the donee from the date it receives the property through the period(s) of time the conditions imposed by (b), (c) and (f) remain in effect, without prior approval of GSA or the State agency, the donee, at the option of GSA or the State agency shall pay to GSA or the State agency, as the case may be, the proceeds of the disposal or the fair market value or the fair rental value of the property at the time of such disposal, as determined by GSA or the State agency.

(3) If at any time, from the date it receives the property through the period(s) of time the conditions imposed by (b), (c) and (f) remain in effect, any of the property is no longer suitable, usable, or further needed by the donee for the purpose(s) for which acquired, the donee shall promptly notify the State agency, and shall, as directed by the State agency, return the property to the State agency, release the property to another donee or another State agency, a department or agency of the United States, sell or otherwise dispose of the property. The proceeds from any sale shall be remitted promptly by the donee to the State agency.

(4) The donee shall make reports to the State agency on the use, condition, and location of the property and on other pertinent matters as may be required time to time by the State agency.

(5) At the option of the State agency, the donee may abrogate the State conditions set forth in (c) and the State terms, reservations, and restrictions pertinent thereto in (d) by payment of any amount as determined by the State agency.

### (e) THE DONEE AGREES TO THE FOLLOWING CONDITIONS, APPLICABLE TO ALL ITEMS OF PROPERTY:

(1) The property acquired by the donee is on an "as is, where is" basis, without warranty of any kind, and the Government of the United States of America, the State of Alaska, its agencies or assigns, and employees thereof will be held harmless from any or all debts, liabilities, judgments, costs, demands, suits, actions, or claims of any nature arising from or incident to the donation of the property, its use, or final disposition.

(2) Where a donee carries insurance against damages to or loss of property due to fire or other hazards and where loss of or damage to donated property with unexpired terms, conditions, reservations or restrictions occurs, GSA or the State agency, as the case may be, will be entitled to reimbursement from the donee out of the insurance proceeds, of any amount equal to the unamortized portion of the fair market value of the damaged or destroyed donated items.

### (f) THE DONEE AGREES TO THE FOLLOWING ADDITIONAL TERMS AND CONDITIONS APPLICABLE TO THE DONATION OF AIRCRAFT AND VESSELS (50 FEET OR MORE IN LENGTH) HAVING AN ACQUISITION COST OF \$5,000 OR MORE, AND FOREIGN GIFTS OR OTHER ITEMS OF PROPERTY REQUIRING SPECIAL HANDLING OR USE LIMITATIONS, REGARDLESS OF THE ACQUISITION COST OR THE PURPOSE FOR WHICH ACQUIRED:

(1) The donation shall be subject to the additional special terms, conditions, reservations, and restrictions set forth in the Conditional Transfer Document or other agreements executed by the authorized donee representative.

(g) **THE DONEE CERTIFIES** by signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 41 CFR105-68, certifies to the best of its knowledge and belief that it and its principals: (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. (b) Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

(h) **THE DONEE UNDERSTANDS** that by execution of this document, it is considered a sub recipient of federal financial assistance pursuant to the Single Audit Act of 1984 and further agrees to provide the State agency with results of the audit required by OMB Circular A-133.

**X**

**SIGNATURE OF AUTHORIZING OFFICIAL & TITLE** (e.g., Mayor, Director, Superintendent, Judge)

**DATE**

## PROPERTY COMPLIANCE PERIOD

Participating organizations (referred to as “donees” by the federal government) are required to use the property obtained through the program for a specific amount of time before the property can be sold or transferred.

- Property must be used for the program approved for participation in the Federal Surplus Property program.
- Property valued at less than \$5,000 in original cost - the compliance period is 12 months from the date put into use.
- All vehicles and property valued at more than \$5,000 in original cost - the compliance period is 18 months.
- Aircraft and vessels longer than 50 feet - the compliance period is 60 months (5 years).
- Donee organizations do not obtain title or ownership to property designated “perpetual use” by the federal government. The compliance period is considered to be “perpetual” or ongoing on these items.
- All property must be placed into use within the first year of possession.
- State and federal program staff performs scheduled and unscheduled onsite property compliance visits to ensure the property is being used as represented.
- If the property is not paid for in full or is not being used or handled as required, the donee (program participant) will be required, at its expense, to return the property to the Federal Surplus Facility or another donee, as instructed by Federal Property Allocation Officer.
- The property may not be sold, transferred or otherwise disposed of during the compliance period. If property is sold, transferred, or otherwise disposed of during the compliance period, the donee may be subject to penalties and fines, as well as possible state or federal prosecution.
- Program participants are required to complete reports regarding property use as a condition of participating in the program.

I understand and agree to the above terms and conditions regarding property compliance and reporting and the Certifications & Agreements on page five.

If applying as an SBA 8(a) business I understand that the property compliance terms identified above do not apply to my business and that as an SBA 8(a) business I must follow SBA property compliance guidelines.

**X**

**SIGNATURE OF AUTHORIZING OFFICIAL & TITLE** (e.g., Mayor, Director, Superintendent, Judge)

DATE

## DETAILED REQUIREMENTS FOR SPECIFIC TYPES OF ORGANIZATIONS

Please review this section to determine which of the following eligibility category (or categories) your organization falls under. You may be required to submit additional documentation with the application. If you have any questions, please contact us at (907) 754-3405 or [charlie.summerfield@alaska.gov](mailto:charlie.summerfield@alaska.gov).

### **Government or Public (Tax-Supported) Agency**

1. Most tax-supported public agencies, including cities, counties, public schools, and state agencies, are **NOT** required to submit any additional documentation.
2. Public agency includes:
  - a. State or department, agency, or instrumentality thereof;
  - b. Political subdivision of the state, including any unit of local government or economic development district or any department, agency or instrumentality thereof; or,
  - c. Instrumentality created by contract or other agreement between states or political subdivisions.
  - d. Examples: city, county, state agency, public library, appraisal district, and public school district
3. Public agency purposes include, but are not limited to, programs such as conservation, economic development, education, parks and recreation, public health and public safety. For public agencies whose primary purpose is to provide services to homeless or impoverished persons, please see Pages 9-10.

### **Emergency Services District or Fire Prevention District**

1. Must receive dedicated tax funds.
2. Required Additional Documentation:
  - a. Letter from the chief/president that contains information on the department, including:
    - i. number of fireman
    - ii. training schedule
    - iii. areas covered
  - b. Charter, Organizing Document, or Other Evidence of Approval by Proper Government Authority (i.e. Commissioners Court/City Council Meeting Minutes, Articles of Incorporation) (*recommended*)

### **Volunteer Fire Department / Rescue Squad / Emergency Medical Services**

1. Must be funded annually in whole or part by state, county, city or emergency service district. Approved organizations in this category must submit the above funding information annually.
2. Required Additional Documentation:
  - a. Letter from the fire chief/president that contains information on the department, including:
    - i. number of fireman
    - ii. training schedule
    - iii. areas covered
  - b. Evidence that your department is endorsed by the state, county, city or emergency services district. This could be a letter of endorsement from the head of the proper government authority (i.e. county judge, city mayor/administrator) or a copy of current contract.
  - c. Evidence that your department currently receives public funding. Acceptable supporting documentation includes:
    - i. Line item budget from the state/city/county/ESD,
    - ii. Contract with the state/city/county/ESD to provide services, or
    - iii. Letter of endorsement from the head of the proper government authority (i.e. county judge, city mayor/administrator).
3. Articles of incorporations, bylaws, charter or other organizing document (*optional*)

### **Conservation**

1. Includes soil, water and other utility districts.
2. Required Additional Documentation:
  - a. Certificate of approval or charter from proper authority demonstrating that your organization provides services to the public
  - b. Non-profits must include a copy of letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address. Public agencies should include proof of public agency status (i.e. charter, enabling legislation).
  - c. Articles of incorporations, bylaws, or other organizing document (*optional*)

## DETAILED REQUIREMENTS FOR SPECIFIC TYPES OF ORGANIZATIONS

Please review this section to determine which of the following eligibility category (or categories) your organization falls under. You may be required to submit additional documentation with the application. If you have any questions, please contact us at (907) 754-3405 or [charlie.summerfield@alaska.gov](mailto:charlie.summerfield@alaska.gov)

### **Education Organization (Non-Profit)**

1. Must be accredited or approved by nationally recognized accrediting agency or the current recipient of research grants by a recognized authority such as the National Institute of Education, or by similar national advisory council or organization.
2. Required Additional Documentation:
  - a. Complete narrative about your organization, including:
    - i. course levels
    - ii. enrollment
    - iii. facilities
    - iv. staff information
  - b. Letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address.
  - c. Certificate of accreditation or letter of approval from a nationally recognized accrediting agency OR copy of research grant from National Institute of Education or similar national advisory council or organization.
  - d. Articles of incorporations, bylaws, charter or other organizing document (*optional*)
  - e. List of additional research grants awarded (*optional*)

### **Museums, Libraries & Zoos**

1. Must be open to the public a minimum of 1,000 hours per year (1,000 hours **cannot** be by appointment).
2. Must have a minimum of one fulltime staff member or the equivalent (for example, one staff member who works 40 hours per week or two staff members who work 20 hours each per week).
3. Required Additional Documentation:
  - a. Staff roster, number of hours each staff member works per week (volunteer or paid)
  - b. Letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address
  - c. Complete narrative about your organization, including
    - i. brochures, pamphlets or website
    - ii. types of exhibits (if applicable)
    - iii. days and hours open to the public
    - iv. location (must provide street address)
  - d. Pictures of exhibits, facilities, and posted museum hours
  - e. Articles of incorporations, bylaws, charter or other organizing document (*optional*)
  - f. Organizational Memberships (*optional*)

### **Health Organization (Non-Profit)**

1. Must be licensed, accredited or approved by nationally recognized accrediting or licensing agency or the current recipient of research grants by a recognized authority such as the National Institutes of Health, or by similar national advisory council or organization.
2. Required Additional Documentation:
  - a. Complete narrative about your organization, including:
    - i. Description of services provided
    - ii. Number and type of patients served
    - iii. Description of facilities/number of beds
    - iv. Overview of key staff and their qualifications
  - b. Letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address.
  - c. Certificate of accreditation, license, or letter of approval from a nationally recognized accrediting or licensing agency OR copy of research grant from National Institutes of Health or similar national advisory council or organization.
  - d. Articles of incorporations, bylaws, charter or other organizing document (*optional*)
  - e. List of additional research grants awarded (*optional*)

## DETAILED REQUIREMENTS FOR SPECIFIC TYPES OF ORGANIZATIONS.

Please review this section to determine which of the following eligibility category (or categories) your organization falls under. You may be required to submit additional documentation with the application. If you have any questions, please contact us at (907) 754-3405 or [charlie.summerfield@alaska.gov](mailto:charlie.summerfield@alaska.gov).

### **Provider of Assistance to Older Americans**

1. Required Additional Documentation:
  - a. Letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address
  - b. Certification establishing that applicant is receiving state, federal or local government-appropriated funds for operation of older individual program under the Older American Act.
  - c. Complete narrative about your organization, including:
    - i. Description of services provided,
    - ii. Description of facilities,
    - iii. Overview of key staff and their qualifications,
    - iv. Number of individuals served
  - d. Proof of current accreditation, approval or licensing if appropriate (i.e. medical clinic, health center)
  - e. Articles of incorporations, bylaws, charter or other organizing document (*optional*)

### **Provider of Assistance to Impoverished** (Public or Non-Profit)

1. Services to the impoverished (as defined in section 673 of the Community Services Block Grant Act) (42 U.S.C. 9902) must be the primary function of the organization. If any activity operates a broad spectrum of programs through which assistance to the impoverished is peripheral and incidental, the entity would not be eligible.
2. Required Additional Documentation:
  - a. Nonprofits must submit a copy of letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address.
  - b. Public agencies must provide proof of public agency status (i.e. charter, enabling legislation).
  - c. Latest Annual Financial Statement
  - d. Public Recognition as an Impoverished Assistance Provider. Please provide a letter of endorsement from an official (i.e. Mayor, Head of Welfare Dept., Social Services Director, county supervisor, head of agency that oversees program, etc.) indicating services provided by applicant. The letter must indicate that assistance to the impoverished is the organization's primary focus, and the name must match the IRS document. You may also include:
    - i. Documented receipt of Federal/State Block Grant Funds for poverty programs, or
    - ii. Proof of membership or affiliation with a national organization or group that provides support for the impoverished (ex. Habitat for Humanity and Salvation Army).
  - e. Complete narrative about your organization, including:
    - i. Comprehensive description of services provided (assistance to impoverished must be the primary mission)
    - ii. Number of individuals receiving assistance and frequency of assistance (daily, weekly or monthly)
    - iii. Any requirements for clients to be eligible to receive services
    - iv. Description of facilities
    - v. Hours/days of operation
    - vi. Description of funding source(s) with supporting documentation
    - vii. Overview of staff (paid or volunteer/full-time or part-time) including a list of key staff and their qualifications
  - f. Description of how your organization determines if a person is eligible to receive assistance, and how your organization determines if that person is impoverished. Your organization's primary function must to provide money, goods, or services to families or individuals whose annual incomes are below the poverty line (as defined in section 673 of the Community Services Block Grant Act) (42 U.S.C. 9902). If recipients are required to complete an application before receiving services, please attach a blank or sample application.
  - g. Proof of current accreditation, approval or licensing if appropriate (i.e. child care or health center)
  - h. Signed Articles of Incorporation, Bylaws, Charter or other organizing document
  - i. Brochures (or other printed materials) or link to website (*Optional*)

## DETAILED REQUIREMENTS FOR SPECIFIC TYPES OF ORGANIZATIONS.

Please review this section to determine which of the following eligibility category (or categories) your organization falls under. You may be required to submit additional documentation with the application. If you have any questions, please contact us at (907) 754-3405 or [charlie.summerfield@alaska.gov](mailto:charlie.summerfield@alaska.gov).

### **Provider of Assistance to Homeless Persons** (Public or Non-Profit)

1. Services to the homeless must be the primary function of the organization. If any activity operates a broad spectrum of programs through which assistance to the homeless is peripheral and incidental, the entity would not be eligible. Property donated must be used in a program primarily for homeless persons. Eligible Homeless Assistance Provider Programs include:
  - a. Overnight, daytime and around-the-clock shelters.
  - b. Shelters for battered spouses, abused children, and orphans.
  - c. Halfway houses or transitional housing for temporary residence of homeless parolees, mental patients, and/or substance abusers.
  - d. Food banks must be determined on a case-by-case basis. Food banks that provide food directly to facilities where homeless people are fed may be eligible.
2. Required Additional Documentation:
  - a. Nonprofits must submit a copy of letter from IRS certifying your tax-exempt status as a 501(C) non-profit. IRS ruling letter must include current name and address.
  - b. Public agencies must provide proof of public agency status (i.e. charter, enabling legislation).
  - c. Public Recognition as a Homeless Assistance Provider. Please provide a letter from a local city official (i.e. Mayor, Head of Welfare Dept., Social Services Director, etc.) indicating services provided by applicant. The letter must indicate that assistance to the impoverished is the organization's primary focus, and the name must match the IRS document. You may also include:
    - i. Occupancy permit or fire and safety inspection certificate.
    - ii. Documented receipt of FEMA funds for Federal/State Block Grant Funds for homeless programs
  - d. Complete narrative about your organization, including:
    - i. Comprehensive description of services provided (assistance to homeless must be primary mission)
    - ii. Number of individuals receiving assistance and frequency of assistance (daily, weekly or monthly)
    - iii. Any requirements for clients to be eligible to receive services
    - iv. Description of facilities
    - v. Hours/days of operation
    - vi. Description of funding source(s) with supporting documentation
    - vii. Overview of staff (number of staff, paid or volunteer/full-time or part-time) with a list of key staff and their qualifications
  - e. Proof of current accreditation, approval or licensing if appropriate (i.e. child care center, medical clinic, health center).
  - f. Signed Articles of Incorporation, Bylaws, Charter or other organizing document (*Optional*)
  - g. Brochures (or other printed materials) or link to website (*Optional*)

### **Service Educational Activities**

1. Per General Services Administration, the following specific Service Educational Activities (SEA) are eligible for the program: American National Red Cross, Armed Services, YMCA of the USA, Big Brothers/Big Sisters of America, Boys and Girls Clubs of America, Boy Scouts of America, Camp Fire, Inc., Center for Excellence in Education, Girl Scouts of the USA, Little League Baseball, Inc., Marine Cadets of America, National Association for Equal Opportunity in Higher Education, National Civilian Community Corps, National Ski Patrol System, Inc., Naval Sea Cadet Corps, Operation Raleigh, United Service Organizations, Inc., U.S. Olympic Committee, Young Marines of the Marine Corps, League/Marine Corps League.
2. Service Educational Activities applicants are required to submit proof of association with the national organization (ex. copy of current charter from the Boy Scouts of America).

### **SBA 8(a) Business**

1. Businesses that are currently part of the U.S. Small Business Administration's 8(a) Business Development Program may participate in the FSP program.
2. SBA 8(a) businesses are only eligible to receive property during their nine (9) year membership in the 8(a) program.
3. Required Additional Documentation:
  - a. Letter from the U.S. Small Business Administration certifying your company as a member of the 8(a) Business Development Program.