**STATE OF TEXAS SURPLUS PROPERTY**

**ASSISTANCE ORGANIZATION APPLICATION**

***State agencies, universities and political subdivisions such as cities, counties, school districts, and fire and police departments, do not need to complete this form.***

Chapter 2175.001 of the Texas Government Code identifies the types of assistance organizations that may participate in the State of Texas Surplus Property Program. To determine if your organization is eligible to participate in the program, please complete and submit this **original signed application** along with the requested documentation **by mail** to:

**TEXAS FACILITIES COMMISSION**

**STATE SURPLUS PROPERTY PROGRAM, ATTN: ASSISTANCE ORGANIZATIONS**

**P.O. BOX 13047**

**AUSTIN, TEXAS 78711-3047**

Please make sure to provide a signed, completed application and all supporting documentation listed on Page Three of this application. Incomplete applications will not be processed. Should you have additional questions, please contact our office at (512) 463-4551.

**Terms and Conditions: All State surplus property is intended for use within the State for Texas by Texas residents. Property may not be sent for use outside the state. An assistance organization must retain for its sole use any State surplus property obtained for a minimum of two (2) years prior to disposal. The Texas Facilities Commission, at its discretion, may conduct at any time routine compliance visits to confirm the proper utilization of the acquired State surplus property, to verify the mission of the assistance organization meets program eligibility requirements, or to determine whether the assistance organization provides the services represented in its application. The assistance organization must retain sufficient documentation to substantiate program eligibility and compliance with applicable law.**

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Name of Assistance Organization Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number City, State and Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Print Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s E-mail address Date

By signing this application, the assistance organization’s authorized representative is certifying that all information submitted is true and correct to the best of his or her knowledge. Any misrepresentation of information or falsification of documents in conjunction with this application will be grounds for immediate expulsion from the State of Texas Surplus Property Program.

*Please check the box that most closely matches the services provided by your organization:*

1. [ ]  **A nonprofit organization** that provides: 1) educational services, 2) health services, 3) human services, or 4) assistance to homeless individuals;

Required documentation*:* A written statement detailing your organization’s program activities and how these activities provide educational, health, or human services or assistance to homeless individuals.

1. [ ]  **A nonprofit food bank** that solicits, warehouses, and redistributes edible but unmarketable food to an agency that feeds needy families and individuals;

Required documentation: A letter from the agency your food bank supports. The letter must be on the agency’s letterhead and signed by an agency authorized representative.

1. [ ]  **Texas Partners of the Americas**, a registered agency with the Advisory Committee on Voluntary Foreign Aid, with the approval of the Partners of the Alliance office of the Agency for International Development;

Required documentation: A letter from the Partners of Alliance office of the Agency for International Development.

1. [ ]  **A group, including a faith-based group**, which enters into a financial or nonfinancial agreement with a health or human services agency to provide services to that agency’s clients;

Required documentation: A copy of the agreement with one of the following agencies: Texas Department of Aging and Disability Services, Texas Department of State Health Services, Texas Department of Family and Protective Services, Texas Department of Assistive & Rehabilitative Services, or the Health and Human Services Commission.

1. [ ]  **A non-profit organization** approved by the Supreme Court of Texas that provides free legal services for low-income households in civil matters;

Required documentation: A letter from the Supreme Court of Texas indicating your organization has been approved to provide free legal services to low-income households in civil matters.

1. [ ]  **The Texas Boll Weevil Eradication Foundation, Inc.,** or an entity designated by the commissioner of agriculture as the foundation’s successor entity under Section 74.1011, Agriculture Code;

Required documentation: A letter from the Texas Boll Weevil Eradication Foundation, Inc. on official letterhead signed by an authorized representative, or for an entity designated by the Commissioner of Agriculture as the foundation’s successor, supporting documentation from the Texas Department of Agriculture.

1. [ ]  **A local workforce development board** created under Section 2308.253 of the Texas Government Code;

Required documentation: A copy of the original agreement that established the formation of the local workforce development board.

1. [ ]  **A nonprofit computer bank** that solicits, stores, refurbishes, and redistributes used computer equipment to public school students and their families; or

Required documentation: Provide a letter from public school district(s) stating your organization is acting on behalf of the school district(s) and/or its students and their families. School district(s) must specify length of time for which agreement is valid.

1. [ ]  **A nonprofit organization** that provides affordable housing.

Required documentation: A written statement detailing your organization’s program activities, including how and to whom these activities provide affordable housing.

**All non-profit organizations must submit the following documents with their application:**

**A current Internal Revenue Service letter granting exemption status under Title 26, Section 1.501(c) (3) or (d),**

**Comptroller of Public Accounts letter granting tax-exempt status,**

**A copy of your organization’s latest federal tax return,**

**Explanation of how your organization determines eligibility for the services provided and examples of retained documentation,**

**Detailed description and supporting documentation of how your organization measures performance and success in meeting established goals, AND**

**A listing of the specific types of property your organization is interested in and how the property will be utilized by your organization.**

**For Official Program Use**

Reviewed By:

SSP Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Signature Date

SSP Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature Date

Application is: Approved: **⁪** Denied: **⁪** Pending: **⁪**

**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**