

Federal Surplus Program

Initial Required Documentation for Non-Profit Organizations

The following are required for the Federal Surplus Program. Required documents must be uploaded to the application using the Document Upload function. Applications will not be considered complete until all requirements are met. Missing or unsolicited information will not be considered and may cause delays in processing applications.

Note: DAS reserves the right to request additional or supporting documentation.

Financial Statement

Provide for the most current fiscal year. This statement must include information concerning current budget. Written statement of funding source and ways of receiving funds.

If a Program for Older Americans, provide evidence of funding under the Older Americans, Social Security, Economic Opportunity, or Community Services Block Grant Act.

Proof of Non-Profit Status

Provide copy of IRS 501(c) ruling.

If a Provider of Assistance to Homeless or to Improverished, provide a certifying letter/written recognition from a public official (mayor, county judge, local health department, etc.) that the organization is providing specific services.

Wants and Needs List

List of property organization is looking for.

Acknowledgement of Agreements, Certifications, Assurances and Statements

Must be read and signed by Applicant's Head Authorized Official/ Director/ President/ Purchasing Agent/ Equivalent. The signed Acknowledgement of Agreements, Certifications, Assurances and Statements represents that all those listed as Authorized Representatives on the system have read and understand all the information contained in this application and they will abide by the aforementioned agreements, certifications, assurances and statements.

Note: Additional Authorized Representatives added to the system after approval period, will need to complete FS-05 Authorized Representatives Update Form and submit to DAS.State.Surplus@ct.gov.

Organization/Program Narrative on Leadhead

Narrative on official letterhead, that includes the following information:

- Number of employees: full-time, part-time, and volunteers
- Type of services provided
- Background information about the Organization (year formed, etc.)
- Hours of operation
- Physical address for each location operated

- Any special events held
- Any other information you wish to provide

If a Provider of Assistance to Homeless or to Improverished, please include the additional information:

- Maximum number of individuals and families that can be accommodated
- Number of homeless individuals and families assisted last calendar year

*If a Museum, please include the additional information:

- Types of objects exhibited
- Admission fees
- Means used to advertise the museum for public patronage
- Community and population served
- Membership in, affiliation with, or other recognition by a local, state, regional, or national museum organization

License, Accreditation, Certification, or Approval

For services provided, must submit evidence of either:

- licensing (recognition or approval by appropriate State or local authority);
- accreditation (approved by a recognized regional, state, or national board);
- or approval (recognition and approval by State Department of Health or Education; or other appropriate authority)

*If an Educational Radio/TV Station, provide proof of Federal Communications Commission (FCC) Licensing.