



**JOSEPHINE COUNTY PUBLIC WORKS
PUBLIC WORKS FLEET
APPLICATION FOR ELIGIBILITY**

1. Legal Name and Mailing Address of Applicant Organization:

Name of Organization Federal Tax ID#

Mailing Address (P.O. Box #, Street)

Street Address / Location (if different from mailing address)

City State Zip

County Telephone Number

2. Applicant Status (Check One)

- Public Agency including Public Schools (evidence must be provided)
 Nonprofit, tax-exempt Organization

3. Type or Purpose of Organization

- | | | |
|--|--|--|
| <input type="checkbox"/> State | <input type="checkbox"/> Secondary School | <input type="checkbox"/> Museum |
| <input type="checkbox"/> County | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Training Center |
| <input type="checkbox"/> City | <input type="checkbox"/> Pre-school | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Program for Older Individuals | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> School District | <input type="checkbox"/> Clinic | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Other (specify) _____ | | |

4. Has the organization been determined to be tax exempt under section 501 of the Internal Revenue Code of 1954: YES _____ NO _____ (Copy Required)

5. Has the organization been approved, accredited, or licensed? _____ (Copy Required) By what authority?

6. Provide a written description of program or services offered, including a description of facilities operated. (Required - use separate sheet)

7. Sources of funding: Tax Supported Contributions Grant
 Other (specify) _____

8. _____
Date Signature of Authorized Official

Instructions for completing the application for Eligibility Form

(Please type or print in blue or black ink only)

Section 1: 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 county in which the organization is actually located and a business telephone number with area code.

Section 2: Check the appropriate box which describes your organization.

Section 3: Check the appropriate box or boxes (check as many as apply) which indicates the type or purpose of your organization.

Section 4: All applicants making applications as "Nonprofit, tax-exempt organizations" must provide a copy of the IRS determination letter indicating tax exemption under Section 501 of the I.R. S. Code of 1954. The name of the organization on this IRS Letter must match the name provided in Section 1 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 5: Applicants making applications 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; Titles IV or XX of the Social Security Act; Titles VIII or X of the Economic Development Act of 1964; or the Community Services Block Grant Act. Providers of assistance to homeless individuals must include a letter from the mayor, county judge, city or county health officer of comparable authority which 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 6: A written description of all programs or services provided is required, including a brief description of the operational facilities, staff qualifications, hours of operations, services and programs offered.

Section 7: Check the appropriate box which indicates the organization's sources of funding.

Section 8: Annotate date and provide an original signature of applicant's Authorized Official (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Fire Chief, or other comparable authorized official). Photo copied, 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 check list to assure all required information and documentation is provided.