Application for Eligibility

To Receive West Virginia University (“Transferor”) Property

1. Legal name and mailing address of applicant organization (“Transferee”):

Name of organization

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

Name of Executive Officer of Organization Telephone Number Email

Organization’s Mailing Address (P.O. Box No., Street, City, & State) County Zip Code

Organization’s Street Address (If different than mailing address)

1. Applicant status: (Check One)

[ ]  Public Agency, including Public School

[ ]  Non-Profit, tax-exempt organization

1. Provide a written description of programs or services offered, including a description of facilities operated.
2. Source of Funding:

[ ]  State Supported [ ]  Grant [ ]  Contributions [ ]  Other

1. Has the organization been determined to be tax-exempt under 501 of the Internal Revenue Code of 1986?

[ ]  Yes (copy required) [ ]  No

1. Has the organization been approved, accredited, or licensed?

[ ]  Yes (copy required) [ ]  No

|  |
| --- |
| **West Virginia University Use Only**The (New\_\_\_/Renewed\_\_\_) applicant has been determined as follows:  [ ]  eligible [ ]  ineligible [ ]  conditionally eligibleEligibility Expires: \_\_\_\_\_\_\_\_\_\_\_ License Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Fixed Assets Manager) (Date) |

**State Property Requirements**

**Eligibility**

Organizations eligible to participate in the WVU surplus property program are state agencies, county commissions, county boards of education, municipalities, public service districts, county building commissions, airport authorities, parks and recreation commissions, nonprofit domestic corporations within the state of WV qualified as tax exempt under section 501 (c) (3) of the Internal Revenue Code, and volunteer fire departments in this state, when such volunteer fire departments have qualified as a 501 (c) (3) corporation.

**Compliance**

The duly authorized representative of such eligible organization for whom surplus equipment is purchased or otherwise obtained, shall cause ownership and property title to be vested in the official name of the authorized governing body for whom the purchase or transfer was made. Any property transferred will be done “as is” and the University makes no warranty as to the condition of the property and waives any implied warranty of fitness for a particular purpose or merchantability. By accepting any property transfers, the transferee represents that the transferee has personally inspected the property being transferred, and accepts the property “as is”. The transferee upon execution of any property transfer agrees to indemnify and hold harmless the University for any liability of whatever nature concerning the transfer or use of the property covered and transferred herein.

I hereby state that I have read and understood the certifications and agreements by which I am obligated to abide.

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

(Signature of Executive Officer) (Date)

**Authorized Representatives**

1. Legal name and address of applicant organization (“Transferee”):

Name of organization

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

Name of Executive Officer of Organization Telephone Number

Organization’s Mailing Address (P.O. Box No., Street, City, & State) County Zip Code

Organization’s Street Address (If different than mailing address)

1. **The following representatives are designated to:**

[ ]  Acquire Surplus WVU property,

[ ]  Obligate necessary funds for this purpose,

[ ]  Execute Distribution Documents agreeing to terms, conditions, reservations, and restrictions applying to property obtained.

1. **Representatives**

**Name Title Signature**

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1. **Certification**

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**(**Signature of Executive Officer and Title) (Date)