



County of Orange

Application for Receipt of County Surplus Property

(1) APPLICANT CONTACT INFORMATION

Date of Application:	County Personnel Use Only	
	District: _____ Exp: _____	QS: _____
Name of Organization:		Contact Name:
Number and Street Address:	Room/suite	Contact Phone Number:
City or Town		Contact Fax Number:
State, and ZIP + 4:		Contact Email Address:
Website:		

(2) MINIMUM REQUIREMENTS

(a) Is your organization exempt from taxation pursuant to 26 U.S.C. . 501 (c) (3)?	<input type="checkbox"/> yes <input type="checkbox"/> no
(b) Does your organization provide for the care, teaching or training of children, or more specifically, developmentally disabled children?	<input type="checkbox"/> yes <input type="checkbox"/> no
(c) Is your firm a county children and families commission established pursuant to the California Children and Families Act of 1998 (Division 108 (commencing with Section 130100) of the Health and Safety Code)?	<input type="checkbox"/> yes <input type="checkbox"/> no
(d) Does your organization provide other health or human services not covered by the services identified in Questions 2(b) and (2(c)?	<input type="checkbox"/> yes <input type="checkbox"/> no

(3) ORGANIZATION INFORMATION

(a) When was your organization established?	Month _____ Year _____
(b) What percentage of services/program/donations is directly used for program services (i.e., what percentage of funds is not designated to salaries, administrative support, fundraising,)?	<input type="checkbox"/> 0 – 20% <input type="checkbox"/> 21% - 30% <input type="checkbox"/> 31%- 40% <input type="checkbox"/> 41%- 50% <input type="checkbox"/> 51%- 60% <input type="checkbox"/> 61%- 70% <input type="checkbox"/> 71%- 80% <input type="checkbox"/> 81%- 90% <input type="checkbox"/> 91%- 100%
(c) How many employees does your organization have?	<input type="checkbox"/> 0 – 25 <input type="checkbox"/> 25 - 50 <input type="checkbox"/> 51 - 75 <input type="checkbox"/> 75+

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4. Please describe the health or human services provided by your organization:

5. Please describe your organization's major accomplishments:

6. Please provide examples of your organization's commitment to fiscal responsibility:

The following supporting documents must be submitted with this application:

- 1) Two (2) most recent years of form 990
- 2) Annual Report
- 3) Literature/pamphlets describing your organization

*Upon receipt by the County, all applications submitted are deemed public records and may be subject to public disclosure pursuant to the California Public Records Act (Government Code §6250 et seq.).

Submission of this application should not be construed as ensuring that the applicant shall receive a donation or donations of surplus property from the County.

When completed, please email form and all supporting documents to surplus@ocgov.com or mail to:

CEO/County Procurement Office
Attn: Surplus Program
400 W. Civic Center Dr., 5th Floor
Santa Ana, Ca 92701

Applicant Representative (please print)

Applicant Representative Signature

Date

Title