

Eligibility may be granted to non-profit, tax-exempt educational and health organizations such as medical institutions, hospitals, clinics, health center, schools, colleges, universities, schools for the mentally disabled or physically handicapped, child care centers, educational radio or TV stations, museums attended by the public and libraries providing free services to residents of a community; PROVIDING THAT the applicant organization is chartered; licensed, approved and/or accredited by the State or other appropriate authority; the applicant organization has Federal tax-exempt status under section 501 of the Internal Revenue Code; and providing that the applicant provides satisfactory evidence that the applicant's program(s) serves and benefits a substantive segment of the general public at large.

FOR STATE USE ONLY		
Code Type Donee	County of Location	Donee ID Number
Application Approved by		
Date Approved		

Instructions: Educational Applicants Complete Parts A & B
 Health Applicants Complete Parts A & C.

Application Must be signed by Head Administrative Official or Chief Executive Officer of Applicant Organization.

Part A. All Applicants Complete this Part

1. Legal Name: _____
 Address: _____

City, county, zip _____

Telephone: _____ Fax: _____
 Email: _____

2. Select Type of Organization:
 Clinic Hospital Health Center School College University Library
 Museum Child Care School for the Mentally Disabled Other (specify) _____

3. Choose one:
 Chartered Approved Licensed Accredited

4. Select organization approval authority:
 NYS Department of Education NYS Office of Mental Health
 NYS Department of Health NYS Department of Social Services

Other: _____

5. All Applicants must submit by mail the following with their application:
 - a. A Copy of their Charter, license, approval, or accreditation by an appropriate state or recognized authority.
 - b. A Copy of their Federal Tax-exemption status under Section 501 of the US Internal Revenue Code of 1954.
 - c. Description of their program size, scope, facilities, funding sources, annual budget and any other information supporting their request for eligibility.
 - d. List of special items and general property requirements of their programs.
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Part B Educational Applicants

(Schools complete 1, a-c; Museums and Libraries complete 2, a-c)

1. a. Schools: Describe grade levels or specific subject areas(e.g. K-6, K-12, college, or specify subjects taught):

- b. Number of Students Enrolled: _____ Average Daily Attendance: _____
- c. Total Staff Employed: _____ Teachers: _____
 Administrative & Maintenance: _____

2. a. If Museum or Library: Number of Volumes: _____
 Range of Volumes: _____
 - b. Daily Number of Patrons: _____
 - c. Total Staff Employed: _____ Professionals : _____
 Operations & Maintenance: _____
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Part C. Health Applicants Complete this Part.

1. Description of Medical Services Provided:

2. Bed Capacity: _____ Clients Treated Daily: _____
3. a. Total Staff: _____ Professional (i.e. Doctors, Nurses, Technicians): _____
- b. Service and Maintenance personnel: _____

I certify that the information stated in this document and the supporting information provided, is true and correct to the best of my knowledge and belief:

Signature of the Head Administrative Official:

Typed Name and Title

Date

Submit with [Participation Agreement](#), [Certifications and Agreement](#), [Non-Discrimination Assurance Statement](#), and [Debarment](#) forms.