Appendix A - RCSD Surplus Property Donation Application

Organization Name: _____

Address: _____

Primary Contact: _____

Email/Phone: _____

IRS EIN: _____

Mission: _____

_____

Population Served: _____

Requested Property: _____

_____

Intended Use: _____

_____

Certification:

☐ Information is true.

☐ Organization is in good standing.

☐ Accepts property AS IS.

☐ No guarantee of donation.

Authorized Representative: _____ Date: _____