



***Eligible Charity Organization Pilot Program
Application Form***

1. GENERAL INFORMATION

A. Agency Information

Name of Agency: _____

Applicant Address: _____

Agency Phone Number: _____ Agency Fax Number: _____

Contact Name: _____

Contact Phone: _____

Contact email _____

B. Additional Information

Previous Agency Name (if applicable):

Parent or affiliate Agency: _____

If a Previous Participant what was your ID#:

2. Describe the purpose of your agency and its organizational structure. **Include an organization chart with completed application. Application will be considered incomplete without the organization chart.**

3. Explain your program for serving the homeless.

4. Identify the geographic area by county or city served: _____

5. Are there other branch sites within your organization in which you will distribute the *Eligible Charity Organization* tokens? _____ If so, please attach a list of those agencies, including their contact person, address, and phone number of the branch who will report the distribution of those tokens to you.

6. Justify the need for and the use of the *Eligible Charity Organization* program by your agency.

7. Are you an “Eligible Charitable Organization” per 501 (c) (3) of the Internal Revenue Code. Include a copy of your agencies IRS form 990 with your completed application.

8. Do you serve homeless individuals as defined in Minnesota Statutes 116L.361 subdivision 5?

9. State the number of clients served in your homeless services program for the previous calendar year..

Total clients:

10. State the total number of clients who are dependent on public transit for transportation.

Total clients:

11. What is the estimated number of transit tokens your agency will use on a monthly basis?