



Eligible Charity Organization Program Application Form

GENERAL INFORMATION

Agency Information

Name of Agency: _____

Agency Address: _____

Agency Phone Number: _____

Agency Fax Number: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Additional Information

Previous Agency Name (if applicable): _____

Parent or affiliate Agency: _____

If a Previous Participant, what was your ID#: _____

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

2. Explain your program for serving the homeless.

3. Identify the geographic area by county or city served.

4. Are there other branch sites within your organization in which you will distribute the Eligible Charity Organization tokens?

Yes: **No:**

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.

5. Briefly, justify the need for and the use of the Eligible Charity Organization program by your agency.

6. Are you an "Eligible Charitable Organization" per [501\(c\)\(3\) of the Internal Revenue Code](#). **Yes:** **No:**

Include a copy of your agencies IRS form 990 with your completed application.

7. Do you serve homeless individuals as defined in [Minnesota Statutes 116L.361 subdivision 5](#)? **Yes:** **No:**

8. State the number of clients served in your homeless services program for the previous calendar year. **Total clients:**

9. State the estimated number of clients who are dependent on public transit for transportation. **Total clients:**

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

Estimate number of tokens: