



**Tennessee's Community Assistance Corporation
TCAC Depot Application 2010**

Agency/ChurchName _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

Website _____ Email _____

Please attach proof of the 501c-3 assigned to your agency/church.

Mission of your agency/church _____

Names of the various programs/missions/activities that the agency/church may need to use the Depot products for (please include general office supplies and maintenance products).

Names and titles of individuals that may obtain items from the Depot under your agency/church.
Please include the email address by the titles.

Names and titles of individuals who may obtain items for the agency/church and request the amount to be invoiced.

Please check all that apply:

<input type="checkbox"/>	Educational Materials Books, games, puzzles, computer programs	<input type="checkbox"/>	House wares (drapes, sheets, dishes, flatware etc.)
<input type="checkbox"/>	Cleaning Supplies	<input type="checkbox"/>	Sports and recreation Items
<input type="checkbox"/>	Small Appliances	<input type="checkbox"/>	Medical supplies
<input type="checkbox"/>	Building Materials	<input type="checkbox"/>	Hygiene products
<input type="checkbox"/>	Computer Equipment	<input type="checkbox"/>	Clothing
<input type="checkbox"/>	Office Supplies	<input type="checkbox"/>	Holiday items
<input type="checkbox"/>	Tools	<input type="checkbox"/>	Art/Craft Supplies
<input type="checkbox"/>	Plumbing Supplies	<input type="checkbox"/>	Emergency shelter supplies
<input type="checkbox"/>	Flooring	<input type="checkbox"/>	Other
<input type="checkbox"/>	Toys	<input type="checkbox"/>	

Name of person or agency that referred you to TCAC Depot _____

**Tennessee's Community Assistance Corporation
TCAC Depot**



P.O. Box 485
Morristown, TN 37815

2010 MEMORANDUM OF UNDERSTANDING

To be eligible for the TCAC Depot Program your organization must meet and/or agree to the following requirements. This Memorandum must be read and signed by an authorized representative of the requesting organizations.

(Please initial the following items). As an authorized representative of the organization I certify that:

- 1. We are a 501(c)3, nonprofit organization as described in the IRS Code.
- 2. Goods acquired by us through TCAC Depot will be used solely for the care of the ill, needy or infants/youth (as those terms are defined in applicable U.S. Treasury regulations).
- 3. The goods will be used in furtherance of the purposes, which make our organization tax-exempt.
- 4. The goods will not be transferred (or attempted to be transferred) by the organization in exchange for money, property or other services under any circumstances.
- 5. Adequate books and records of all donations received will be maintained as required by applicable tax regulations, and made available to TCAC's Depot Program and the Gifts In Kind International program or the Internal Revenue Service upon request.
- 6. I understand any unauthorized use of donated products will result in permanent revocation of membership and appropriate legal action being taken.
- 7. The donor company, TCAC Depot, makes no warranty, either expressed or implied, as to the product's usability. All products are offered on an "as is" condition.

Agency Name: _____

Print Name and Title of CEO/Executive Director: _____

Address: _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

To complete your enrollment as a member of TCAC Depot, please submit each of the following items:

- A copy of your Federal 501(c)3 **IRS Department of the Treasury Determination Letter (not Certificate of Exemption form)** from the Internal Revenue Service
- Completed Application/Survey Form
- Completed Memorandum of Understanding

Authorized Signature of Partnering Agency

Date

Signature of TCAC Depot Director

Date