

Tennessee's Community Assistance Corporation
TCAC Depot



740 E Main Street
Morristown, TN 37815

MEMORANDUM OF UNDERSTANDING

To be eligible for the TCAC Depot Product Donation Redistribution 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.

As an authorized representative of the organization I certify that:

- ___ 1. We are a valid 501(c) 3 nonprofit charity, school, or faith-based organization.
- ___ 2. The products will be used in furtherance of the purposes and mission 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; cannot be sold. The goods cannot be transferred to another nonprofit organization or entity.
- ___ 5. Adequate records of all donations received will be maintained as required by applicable tax regulations, and made available to TCAC's Redistribution Program 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. All donors make no warranty, either expressed or implied, as to the product's usability. All donations 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
- ___ Most recent 990 Form, 990 E-postcard, or Audited Financial Statement
- ___ Completed Application/Survey Form
- ___ Completed Memorandum of Understanding

Authorized Signature of Partnering Agency

Date

Signature of Depot Director

Date



TCAC Depot 2021 Membership Application

Agency/Church/School Name _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Physical Address _____

City: _____ State: _____ Zip _____

Phone: () _____ Fax () _____ Cell: _____

Website: _____ Email: _____

Organization EIN # _____ Attach 501(c)3 certification

Mission of your agency/church _____

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

Who will be shopping at the Depot? Staff Residents/Clients Both

Please list names/emails of staff and/or individuals that may obtain items from the Depot for your agency/church.

<i>Name</i>	<i>Email address</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To assist us in securing products to meet your needs, please check all applicable categories below:

<input type="checkbox"/> Educational materials	<input type="checkbox"/> Baby care items	<input type="checkbox"/> Books
<input type="checkbox"/> Cleaning Supplies	<input type="checkbox"/> Household furniture	<input type="checkbox"/> Computers, printers, software
<input type="checkbox"/> Small Appliances	<input type="checkbox"/> Household Items	<input type="checkbox"/> Cleaning supplies
<input type="checkbox"/> Healthcare items	<input type="checkbox"/> Household	<input type="checkbox"/> Holiday Items
<input type="checkbox"/> Building supplies	<input type="checkbox"/> Toys	<input type="checkbox"/> Paper products
<input type="checkbox"/> Computer Equipment	<input type="checkbox"/> Arts and Craft supplies	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Sports, recreational equipment	_____
<input type="checkbox"/> Tools	<input type="checkbox"/> Hygiene Items	_____
<input type="checkbox"/> Plumbing Supplies	<input type="checkbox"/> Office equipment	
<input type="checkbox"/> Flooring	<input type="checkbox"/> Office supplies	
<input type="checkbox"/> Toys		

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