



NONPROFIT APPLICATION

Please complete this application and **fax to (651) 747-1613**.
If you have questions about completing this form, please call us at (651) 779-2816

| Identification Information | | | |
|--|-------|---|---|
| Organization Name | | | |
| Address | | City | Zip Code |
| Contact Representative: | Email | Phone Number | Fax Number |
| Technical Representative | Email | Phone Number | Fax Number |
| Grade level served at site | | # of Students | |
| Briefly describe how the computers will be used. | | | |
| <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> | | | |
| <u>Attach copy of 501©(3) Letter</u> | | | |
| Assurance / Certification Statement | | | |
| <p>In qualifying for reception of equipment via Minnesota Computers for Schools, the recipient agrees to the following:</p> <ol style="list-style-type: none"> 1.) Submit survey information as requested 2.) Computers/equipment received will be put into use within 90 days of receipt 3.) To indemnify and hold Minnesota Computers for Schools, its donors and sponsors harmless from any and all liability with respect to any equipment received at any time 4.) With regard to donated equipment that is no longer in working order: recipient school is responsible for proper and lawful disposition of any and all items received from MN Computers for Schools. <p><i>I certify that, to the best of my belief and knowledge, the information contained in this application is correct and complete and that the applicant agency has authorized me, as its representative, to give the above assurances and to file this statement.</i></p> | | | |
| <hr style="border: 0.5px solid black;"/> Signature-Requesting Agency Responsible Authority | | <hr style="border: 0.5px solid black;"/> Printed/Typed Name | <hr style="border: 0.5px solid black;"/> Date |
| For <i>Office Use Only</i> Executive Director Approval: | | | |