



To complete the enrollment as a member of GIK Chattanooga, please provide each of the following:

- Provide GIKC a copy of your Federal 501(c) 3 Determination Letter from the Internal Revenue Service
- Completed GIKC Application and Survey Form
- Completed GIKC Memorandum of Understanding

GIKC Memorandum of Understanding

To be eligible for the Gifts In Kind Chattanooga Program, the organization must meet and agree to the following requirements. This Memorandum must be read and signed by the CEO and Board Chair of the requesting organization.

As an authorized representative of the organization listed below I certify that:

1. The organization is a 501 (c) 3, nonprofit organization as described in the IRS Code.
2. Product, goods or services acquired by this organization through GIKI and GIKC 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 products, goods or services will not be transferred (or attempted to be transferred) by the organization in exchange for money, property or other services **under any circumstances.**
4. Adequate books and records of all donations received and the use of such donations will be maintained as required by IRS and made available to Gifts In Kind Chattanooga quarterly and to GIK, International or the IRS upon request.
5. I understand any unauthorized use of donated products will result in permanent revocation of membership and appropriate legal action being taken.
6. The products, goods and services will be used in furtherance of the mission, which makes our organization tax-exempt.
7. Payment of distribution invoices is due upon receipt of the products. Distribution Privileges from GIKC and GIKI will be suspended upon failure to pay invoices for 45 days.
8. The donor company, Gifts In Kind Chattanooga and the United Way of Greater Chattanooga make no warranty, either expressed or implied, as to the product's usability. All donations are offered on an "as is" condition.

Signature of Executive Director, CEO or Board Chair

Date of Signature

Print Name

Title

email

Organization/Agency Name

Billing Address

City

State /Zip

Phone: _____

Fax: _____

Please list the names of two additional agency representatives who will be authorized to receive donated products, goods or services from the GIK Chattanooga Distribution Warehouse.

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Please notify GIKC if there is a change in authorized representatives for receipt of donated products.

Email Address for Billing: _____

Application and Survey of Agency Needs

Organization/Agency Name: _____

Mailing Address: _____

City/ State/Zip Code _____ website: _____

Phone: _____ Fax: _____

Executive Director: _____ Annual Budget: \$ _____

Billing Contact: _____ Phone: _____

Email Address: _____ Mailing Address (if Different): _____

Organization's Mission Statement: _____

Service Area(s) Please check all that apply to your organization

- | | | |
|--|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Environment/Conservation | <input type="checkbox"/> Mental Health Assistance |
| <input type="checkbox"/> Animal Rights | <input type="checkbox"/> Faith Based Services | <input type="checkbox"/> National Association |
| <input type="checkbox"/> Arts/Cultural | <input type="checkbox"/> Family Services | <input type="checkbox"/> Neighborhood Revitalization |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Financial/Legal Assistance | <input type="checkbox"/> Nonprofit Assistance |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Handicapped Assistance | <input type="checkbox"/> Special Support for Women |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Healthcare | <input type="checkbox"/> State Association |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Elderly Services | <input type="checkbox"/> Hunger/Homelessness | <input type="checkbox"/> Welfare to Work Program |
| <input type="checkbox"/> Employment Counseling | <input type="checkbox"/> Intl. Assistance | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Low Income Housing | <input type="checkbox"/> Other |

Products Needed (Please Indicate Priority of Need)

| | | | |
|-----------------|--------------------------------|-------------------------------------|----------------------------|
| <u>Clothing</u> | <u>Personal Care Items</u> | <u>Medical Equipment/Healthcare</u> | <u>Youth Products</u> |
| <i>Children</i> | <i>Baby</i> | <i>Supplies</i> | <i>Toys</i> |
| <i>Men</i> | <i>Cosmetic</i> | <i>First Aid Equipment</i> | <i>Arts & Crafts</i> |
| <i>Women</i> | <i>Deodorant</i> | <i>Other (Specify)</i> | <i>Sports/Recreational</i> |
| | <i>Hair Products</i> | | <i>Books</i> |
| | <i>Shaving Cream. Razors</i> | | |
| | <i>Toothbrushes/Toothpaste</i> | | |

| | | |
|-------------------------|-------------------------|-----------------------------|
| <u>Office Equipment</u> | <u>Office Supplies</u> | <u>Other (be specific)</u> |
| <i>Computers</i> | <i>Software</i> | |
| <i>Printers</i> | <i>Paper Products</i> | |
| <i>Copiers</i> | <i>General Supplies</i> | |
| <i>Fax Machines</i> | | |