

CERTIFICATION OF QUALIFICATION FOR CHARITABLE ORGANIZATIONS

Charitable organizations and federations of charitable organizations which desire to participate in New York State contracts must complete and return this form.

The undersigned, personally and on behalf of the charitable organization or federation of charitable organizations noted below, does hereby state and certify to the New York State Office of General Services (OGS) that said charitable organization or federation of charitable organizations is a not-for-profit entity as defined in Section 2(b) of Chapter 741 of the Laws of 1985 as amended through Chapter 275 of the Laws of 1998, and is thereby authorized and qualified to purchase materials, equipment and supplies through commodity contracts issued by the OGS New York State Procurement.

The following questions include qualifications contained in the law which are necessary in order to purchase from State contracts. Please answer these questions as they pertain to your charitable organization.

- (1) If not an individual charity, is your organization a "federation of charitable organizations?" (If yes, please submit complete list of members) Yes No
- (2) If your organization is NOT a "federation of charitable organizations," please answer the following:
- (a) Is your organization an individual charitable organization? Yes No
 - (b) Does your organization render health, welfare or recreational services? Yes No
 - (c) Are your programs and services provided regardless of recipient's ability to pay? Yes No
 - (d) Does your organization receive at least fifty thousand dollars in total annual contributions and/or government grants (excluding any fees for services)? Yes No
 - (e) Is your organization a domestic corporation pursuant to the not-for-profit corporation law? Yes No
 - (f) Is your organization registered with the NYS Department of Law, Charities Bureau, as a charitable organization? Yes No

If yes, please enter registration number

Registration No.:

- (g) If your answer to question (f) above is No, is your organization a member of any of the following organizations? **(check any which apply)**
- | | | |
|---|------------------------------|-----------------------------|
| The Salvation Army | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| American National Red Cross | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Catholic Charities Aid Associations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| United Jewish Appeal - Federation of Jewish Philanthropies of New York Inc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The organizations above are eligible pursuant to Chapter 731 of the Laws of 1987 and Chapter 362 of the Laws of 1989.

False statements knowingly made herein are punishable as a Class A misdemeanor under Section 210.45 of the Penal Law of the State of New York.
(Additional Certification Required.)

<p><i>Institution</i> <i>(Name & Address—PLEASE PRINT)</i></p>	<p><i>Authorized Representative (Name) (Print)</i></p> <hr/> <p><i>Title</i></p> <hr/> <p><i>Signature</i></p> <hr/> <p><i>Date</i></p>
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