

New Application Checklist

Non-Profit Health Program

Form 201 – Application	Yes <input type="checkbox"/> No <input type="checkbox"/>
Form 202 – Resolution	Yes <input type="checkbox"/> No <input type="checkbox"/>
Form 203 – Non-Discrimination Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
Debarment Form	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Non-Profit Status - 501(c)(3)	Yes <input type="checkbox"/> No <input type="checkbox"/>
License or Evidence of Approval or Accreditation Issued by State or Local Government	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Financial Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Permanent Location (In the form of a Lease)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Program Activities Including Types of Services, Patients Served, Facilities, Staff, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes:

Additional Information:

- Many non-profit organizations that provide public health related programs and services to individuals or conduct research in support of medical treatment are eligible Donee's.

Reviewed by:	Date:
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Expires: