



# STARDUST

## Gifts In Kind Program

The Gifts In Kind (GIK) program provides material donations to non-profit organization needing various commodities. GIK allows non-profit organizations access to large quantity and bulk donations of usable materials received by Stardust Non-Profit Building Supplies (SNBS) from local retailers. Items received through GIK may not be sold, bartered, traded, auctioned, raffled or otherwise used for monetary or financial gain by the non-profit organization or their clients. In order to be eligible, agencies must meet the following criteria:

### Eligibility:

- Must be a 501c3 non-profit organization as evidenced by the IRS Determination Letter
- Must provide services and programs that care for the ill, needy, infants (age birth to 18) and veterans.
- Certify that donated items received through the GIK program will not be sold, bartered, traded, auctioned, raffled or otherwise used for monetary or financial gain by the non-profit organization or their clients.
- Schools are eligible and must provide their NCES number viewable on <http://nces.ed.gov/globallocator/>.
- 501c3 non-operating private foundations, 501c19 Post or Organizations of War Veterans, and 501c10 Domestic Fraternal Societies are eligible to participate and must provide a letter on their letterhead stating that the donations received will be used under IRS Code 170 (e) (3) guidelines. A copy of the required verbiage may be obtained from Stardust Non-Profit Building Supplies.

### GIK Distribution Guidelines:

- Items received are for use by the organization or their clients.
- Organizations may not charge clients for use of donated items received.
- Items cannot be sold, bartered, traded or used in auctions, raffles or as prizes or returned to the retailer.
- All items are as is and come with no warrantee or guarantee of service.
- Organizations involvement in SNBS GIK program will be included in SNBS reports and marketing materials.
- All items must be removed from premises during distribution hours. No items will be held or delivered.
- The number of items received is determined by SNBS GIK Program Manager or their designee.
- Items may be limited to one (1) of a like kind by the GIK Program Manager.
- Case managers will display their agency issue photo ID card and provide their agency business card.
- Anyone found in violation of this agreement will be permanently banned from participation in SNBS GIK.
- Failure to show up for SNBS GIK appointment without 24 hour cancelation notification will result in a \$25 no show fee billed to the organization and cancelation of future appointments until the fee is paid in full.

### Attachments Required

Please enclose the required additional information, based on your organization type, with completed application:

<u>501c3 Non-Profit Organizations</u>	<u>Churches</u>
Current IRS 501c3 Determination Letter	Letter from IRS stating that they are considered a tax-exempt organization
Most recent IRS tax form 990 – First Page Only	Financial documents for their most recent fiscal year: Audited Financials, Compliance Report completed by a third party or internal financials that include a profit/loss statement, balance sheet and a cover letter signed by executive level staff stating that the financials are correct to the best of their knowledge.
	Letter from the State of Arizona stating that they are a recognized Non-Profit in that state and able to conduct business

- Note: The application will not be considered complete until all items are received.

**Application Type:**  New Application  Changing Information  Adding Personnel/Programs



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## Gifts In Kind Program

### Organization Information

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency e-mail Address: \_\_\_\_\_

Agency Website: \_\_\_\_\_

School NCES Number: \_\_\_\_\_

Organization EIN: \_\_\_\_\_

Organization Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

501c3: Yes: \_\_\_\_\_ No: \_\_\_\_\_ A copy of the IRS 501(c)3 Determination Letter must be included.

IRS 990 Yes: \_\_\_\_\_ No: \_\_\_\_\_ A copy of the first page of your IRS 990 included.

### Executive Director/CEO/School Administrator Information

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Eligibility

Organizations eligible for donations of inventory as defined by the IRS tax code regarding in-kind contributions must serve at least one of the client groups "ill", "needy", or "infants" and use the donations solely to benefit this/these client group(s).

Does your organization serve clients who are ill? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your organization serve clients who are needy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your organization serve infants (person's birth to age 18) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your organization serve veterans? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If your agency receives donations of inventory items, will these items be used solely for the purposes of the organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_



# STARDUST

## Gifts In Kind Program

I. **Program Name:** \_\_\_\_\_

**Case Manager/Designated Individual Information**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Authorized to accept donations on behalf of the organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Authorized to accept donations on behalf of the organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

II. **Program Name:** \_\_\_\_\_

**Case Manager/Designated Individual Information**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Authorized to accept donations on behalf of the organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Authorized to accept donations on behalf of the organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

III. **Program Name:** \_\_\_\_\_

**Case Manager/Designated Individual Information**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Authorized to accept donations on behalf of the organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Authorized to accept donations on behalf of the organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Attach Additional Pages if More Than 3 Programs**



# STARDUST

## Gifts In Kind Program

### Certification, Agreement and Release

I hereby certify and agree:

\_\_\_\_\_ (organization) will not sell, trade, barter or otherwise transfer the donated goods for money, property or services performed in order to operate. Donations received will not be used for fundraisers, raffles or auctions; given to volunteers or staff members; sold in retail stores, on websites, at flea markets or in any other manner. Additionally, product donations will not be transferred to other Non-Profit organizations or groups without advance written permission from Stardust Non-Profit Building Supplies. This restriction may be enforced by a court entering equitable relief including, but not limited to, injunction relief. Stardust Non-Profit Building Supplies and Valley of the Sun United Way reserve the right to limit, restrict, or terminate eligibility at any time without cause and without notice.

All good received will be used for purposes related to the purpose of the Organization that makes it tax exempt and will be used solely for the care of the ill, needy or infants, as defined in applicable IRS guidelines. The Organization will maintain adequate books and records of donations received as required by applicable tax regulations and make such records available to Stardust Non-Profit Building Supplies upon request. The Organization agrees to provide complete substantiation of its distribution of all product donations to the IRS and Stardust Non-Profit Building Supplies promptly upon request.

The Organization certifies that it has in place a nondiscrimination policy that includes "No person shall be excluded from participation in, be denied benefits of, or be subjected to discrimination in any program or activity available on the basis of race, color, sex, religion, cred, political belief, national origin, linguistic and language difference, sexual orientation, socio-economic status, height, weight, marital or familial status or disability." The Organization agrees to grant SNBS permission to use photographs, videotapes and electronic media taken during the distribution events in any and all publications including websites without payment or any other consideration in perpetuity.

#### Indemnification

Case worker, Organization and recipient for itself and its successors and assigns, further agree to indemnify and hold free and harmless, Stardust Non-Profit Building Supplies and Valley of the Sun United Way from any and all liability arising out of the use and transportation of any property received. Ownership and risk of loss of the property shall pass immediately to the recipient upon transfer of property. No exceptions to this agreement will be made at any time. Anyone found in violation of this agreement will be permanently banned from participation in SNBS GIK. By signing this form, the Organization, and its designees, agrees to abide by all above guidelines, restrictions and conditions.

Organization Name: \_\_\_\_\_

Executive Director/CEO Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director/CEO/Administrator

\_\_\_\_\_  
Date