

Dear Applicant,

National Cristina Foundation (NCF) accepts applications from qualified organizations who are either a not for profit — 501(c)(3) — organization or a public agency. These organizations must be engaged in the education, rehabilitation, or training of people with disabilities, at risk students or economically disadvantaged persons.

Please be aware before you begin our grant application that the National Cristina Foundation is strictly prohibited from assisting individuals directly.

Equipment donations are based on availability of donations of technology within your area and our waiting list priorities.

If your application is accepted, you will receive an Award of Property Agreement that must be signed by a designated executive and returned to NCF before any equipment can be directed to your organization. This document lists the conditions regarding the receipt of equipment and its use.

If you choose to complete this grant application you must return it to us with a copy of your 501(c)(3) designation.

Please be sure that the designated administrator signs the application (see page 6).

THE NATIONAL CRISTINA FOUNDATION

General Contact Information

Organization Name:

Address:

City: State:

Zip:

Phone: (area code) - (phone number) - (extension)

Fax: -

Email:

Website URL:

Organization Director/Administrator

Name:

Title:

Phone: (area code) - (phone number) - (extension)

Email:

Program Director/Administrator

Name:

Title:

Phone: (area code) - (phone number) - (extension)

Email:

For a United States based not-for-profit organization: Include an Internal Revenue Service letter certifying that your organization has tax exempt status pursuant to section 501 (c)(3) of the Federal Internal Revenue Service.

For an organization outside of the United States that is not a governmental agency, provide official paperwork that you are legally registered as a nonprofit organization in your country.

FOR INTERNAL USE ONLY

Date Received: ___/___/___ Date Reviewed: ___/___/___ Approved Declined

Description of Applicant Organization or Agency

1) Mission and programs:

2) Describe training support available to programs or individuals receiving donated equipment:

Project Description (continued)

6) Target Population (list the group(s) that will benefit from your project, their age level, disability or special need, and how many people will be helped through computer donations):

7) Expected outcomes of your project:

8) Hardware you plan to use to accomplish your objectives:

9) Software you plan to use to accomplish your objectives:

Needs Assessment & Capacity

1) **Project Scope** (check one): National Multi-state Regional Local

2) **Number of receiving sites:** _____

3) **Range for pickup** (distance): _____ Miles or Statewide

4) **Do you have a truck/van for pickup?:** Yes No

5) **Please check the systems you wish to receive:**

PC Desktop

- 486 or better
- Pentium or better

Mac Desktop

- Performa or better
- Power Macintosh or better

PC Laptop

- 486 or better
- Pentium or better

Mac Laptop

- Power Macintosh or better

We are willing to receive systems without monitors: Yes No

6) **Please check the individual items you wish to receive:**

- | | |
|---|---|
| <input type="checkbox"/> Answering Machine | <input type="checkbox"/> Modem |
| <input type="checkbox"/> Copier Machine | <input type="checkbox"/> Monitor |
| <input type="checkbox"/> CPU (Partial System) | <input type="checkbox"/> Mouse |
| <input type="checkbox"/> Docking Station | <input type="checkbox"/> Network Device/Cable |
| <input type="checkbox"/> Drawing Tablet | <input type="checkbox"/> Network Interface Card |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Plotter |
| <input type="checkbox"/> Flatbed Scanner | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Floppy Disk Drive | <input type="checkbox"/> Software |
| <input type="checkbox"/> Handheld Scanner | <input type="checkbox"/> Sound Card |
| <input type="checkbox"/> Hard Disk Drive | <input type="checkbox"/> Tape Backup Drive |
| <input type="checkbox"/> Keyboard | <input type="checkbox"/> Video Card |
| <input type="checkbox"/> Miscellaneous Items | <input type="checkbox"/> Zip Drive |

7) **Size of donation your facility can handle** (check one):

- Under 10 Under 50 Under 100 Larger

8) **Storage capacity** (check one):

- Under 5 Under 10 10-25 25-50 50-100 Over 100

9) **Repair capability** (check one):

- None Configuration Only Minor Major

10) **Do you refurbish more than 100 donated computers a year?** Yes No

11) **If yes, please indicate below where they are distributed:**

- Primarily within our organization
- Primarily to other organizations within our broader community

Applicant Signature & Summary

To be signed by designated administrator upon submission of application:

In submitting this application, I understand we receive equipment from NCF at no cost. We are, however, responsible for completing all paperwork associated with your receipt of donated equipment and returning requested documents promptly to NCF. Also, I agree that my organization will provide information to NCF upon request about the use of donated technology so that this information is available to donors and other organizations.

Signed: _____

Name: _____
(print)

Title: _____

Mail or fax your organization's application to:

National Cristina Foundation
500 West Putnam Avenue
Greenwich, CT 06830

Fax number: 203-863-9230