

# SOUTH EAST AREA TRANSIT



## VEHICLE DONATION ASSESSMENT

***Please complete and return to 375 Fairbanks Street, Zanesville, OH 43701***

***Organization:***

***Address:***

***Phone:***

***Contact Person:***

***Fed ID#:***

***Email:***

***Are you a 501 (c) 3?                      Yes                      No                      If yes, please attach IRS Determination Letter***

***Are you part of the Muskingum or Guernsey County Coordinated Human Services Transportation Plan?***

***Recipient must be a 501 (c) 3 Non-Profit Organization that serves youth, elderly (seniors) or low income individuals who have a barrier to transportation. Please provide below a brief description of services provided and the most recent copy of an annual report, newsletter or a copy of marketing material (pamphlet).***

***Please provide a brief summary of why and how your agency/organization can help the transportation needs in Muskingum and/or Guernsey Counties and describe the organization's barrier to obtaining a vehicle:***

***Signed:***

***Date:***

***Also, please include past two years 990 returns and financial statements, including the most recent.***