Eligibility Application Requirements

Provider of Assistance to the Impoverished

Please note that it is the responsibility of the applying organization to provide all applicable and necessary documentation for review to Arkansas Federal Surplus Property (AR FSP). AR FSP may require additional information other than what is listed on a case by case basis. Failure to submit all required documentation will result in delay of approval. Please provide the following:

1. Eligibility Application packet with all requested information properly completed and signed by the Senior Official/ Director/equivalent. (7 pages total)
2. Narrative on official letterhead, that includes the following information:
   - Services provided
   - Number of employees: full-time, part-time, & volunteers
   - How is financial eligibility for services determined
   - Number of individuals and families served last year (or so far this year if newly opened)
   - Physical address for each location maintained and operated.
   - Please sign at the bottom
3. Copy of Articles of Incorporation and/or By-laws
4. Copy of either IRS non-profit determination 501(c) or proof of Public Agency Status (act or ordinance establishing organization and funding)
5. Copy of Licenses/Accreditation/Approval (if providing cooked meals, AR Dept. of Health)
6. Written recognition by mayor, county judge, or local health department administrator that the organization is providing a specific service to the homeless
7. Copy of latest financial summary report, equal to one (1) year (do not send bank statements).
8. Copy of fire code (if applicable)

Applications, by regulation, are required to be renewed every three (3) years and when a new authorizing official comes into office. Please retain a copy for your records. Applications may be submitted to AR FSP via e-mail, fax, or mail. If the applying organization has any questions concerning the required documentation or the application process, please feel free to call our offices at (501)835-3111 Monday - Friday 8am to 4:30pm.

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