

# TOM SILL GIFTS IN KIND PROGRAM INC. 2010 TAP APPLICATION

Please print or type the information requested.

Name or Organization \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Name of Top Executive \_\_\_\_\_ Title \_\_\_\_\_

**Primary Service Area** (Please check only one):

- |                                                                     |                                                              |                                                                 |                                                          |
|---------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Arts/Cultural                   | <input checked="" type="checkbox"/>                          | Environment                                                     | <input checked="" type="checkbox"/> National Association |
| <input checked="" type="checkbox"/> Child Care                      | <input checked="" type="checkbox"/> Family Service           | <input checked="" type="checkbox"/> Neighborhood Revitalization |                                                          |
| <input checked="" type="checkbox"/> Disaster relief                 | <input checked="" type="checkbox"/> Disabled Assistance      | <input checked="" type="checkbox"/> Nonprofit Assistance        |                                                          |
| <input checked="" type="checkbox"/> Drug Abuse Prevention/Treatment | <input checked="" type="checkbox"/> Healthcare               | <input checked="" type="checkbox"/> Special Support for Women   |                                                          |
| <input checked="" type="checkbox"/> Economic Development            | <input checked="" type="checkbox"/> Hunger/Homelessness      | <input checked="" type="checkbox"/> Provincial Association      |                                                          |
| <input checked="" type="checkbox"/> Education/Literacy              | <input checked="" type="checkbox"/> International Assistance | <input checked="" type="checkbox"/> Volunteer Program           |                                                          |
| <input checked="" type="checkbox"/> Elderly Services                | <input checked="" type="checkbox"/> Low-Income Housing       | <input checked="" type="checkbox"/> Youth Services              |                                                          |
| <input checked="" type="checkbox"/> Employment Counseling           | <input checked="" type="checkbox"/> Mental Health Assistance | <input checked="" type="checkbox"/> Other _____                 |                                                          |

Mission Statement \_\_\_\_\_

Organization Information:

Geographic Areas Served:

Number of Staff: \_\_\_\_\_  International  National  
 Number of Needy People Served Each Year: \_\_\_\_\_  Regional (location) \_\_\_\_\_  
 Annual Operating Budget: \$ \_\_\_\_\_  Local (location) \_\_\_\_\_

Products Needed (Please check the top priorities):  
*For statistical purposes only, your choice will not limit access to other products.*

- |                                                         |                                                      |                                                       |                                                                                         |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Housing Materials   | <input checked="" type="checkbox"/> Clothing         | <input checked="" type="checkbox"/> Furniture         | <input checked="" type="checkbox"/> Health                                              |
| <input checked="" type="checkbox"/> Paint               | <input checked="" type="checkbox"/> Men's            | <input checked="" type="checkbox"/> Household         | <input checked="" type="checkbox"/> Medical Equipment                                   |
| <input checked="" type="checkbox"/> Lumber              | <input checked="" type="checkbox"/> Women's          |                                                       | <input checked="" type="checkbox"/> Office <input checked="" type="checkbox"/> Medical  |
| Supplies                                                | <input checked="" type="checkbox"/> Children's       |                                                       |                                                                                         |
| <input checked="" type="checkbox"/> Roofing/Siding      | <input checked="" type="checkbox"/> Office Equipment |                                                       | <input checked="" type="checkbox"/> Personal Care Products                              |
| <input checked="" type="checkbox"/> Power Tools         |                                                      |                                                       | <input checked="" type="checkbox"/> Office Supplies <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Plumbing            |                                                      |                                                       |                                                                                         |
| Shampoo/Conditioner                                     | <input checked="" type="checkbox"/> Copier           | <input checked="" type="checkbox"/> Computer Software | <input checked="" type="checkbox"/> Deodorant                                           |
| <input checked="" type="checkbox"/> Electrical/Lighting | <input checked="" type="checkbox"/> Fax Machines     | <input checked="" type="checkbox"/> Paper Products    | <input checked="" type="checkbox"/> Shaving Cream/Razors                                |
| <input checked="" type="checkbox"/> Windows/Doors       | <input checked="" type="checkbox"/> Computers        | <input checked="" type="checkbox"/> General Supplies  | <input checked="" type="checkbox"/> Toothbrushes/Toothpaste                             |
| <input checked="" type="checkbox"/> Housewares          |                                                      |                                                       |                                                                                         |
| <input checked="" type="checkbox"/> Appliances          |                                                      |                                                       |                                                                                         |
| <input checked="" type="checkbox"/> Other _____         |                                                      |                                                       |                                                                                         |

Please note: Donations must be used by the recipient nonprofits to operate their offices or be distributed free directly to the needy. Donations cannot be used for fundraisers, raffles, or auctions; given to volunteers or staff members; or, sold in retail stores.

The applying organization represents the following:

1. It is a charitable organization described in Section 149.1 of the Income Tax Act.
2. The goods will be used solely for the care of the ill, needy, or youth. If your organization's mission does not serve the ill, needy or youth, please check here \_\_\_\_\_
3. The goods will not be transferred by this organization in exchange for money, property or other services.
4. Adequate books and records of donations will be maintained and made available upon request.

**Organizations which use donated products for purposes other than those intended will be removed immediately from the program and appropriate measures will be taken.**

Signature of Officer

Title

Print Name

Date

Your completed application must be returned with each of the following item:

- Most recent audited financial statements
- Canadian Charitable Registration Number \_\_\_\_\_
- Annual TAP registration fee

**Return To:  
Membership Processing  
Tom Sill Gifts In Kind Program Inc.  
115 Plymouth Street  
Winnipeg, Manitoba  
R2X 2T3**

**2010 Annual Registration Fees**

*(based on total support and revenue for past year)*

Under \$1 million	\$ 65
\$1 million - \$3 million	\$125
above \$3 million	\$250

*Incomplete applications delay processing.*

*Membership is effective from date of approval application through December 31, 2010.*

*\*The first annual registration fee has been paid for on your behalf by the **Tom Sill Gifts In Kind Program Inc.***