

Date: _____



Chariots for Children Van Request

Please answer all questions carefully and provide additional information if necessary. You may attach additional pages to this application if needed.

Organization name: _____

Date Established: _____

Full Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Person in Charge and Title: _____

How did you learn about Houston Children's Charity? (Please list individual or organization name) _____

Does your organization come under a Local Authority, Management Committee, Board or other controlling body? Yes No

If yes, please explain _____

If no, how is the organization financed? _____

For what type of organization is the van required, e.g. Hospital, Home, School, Club, etc.

Is your organization a 501 (c)(3)? Yes No

How many children are in your care?

Now: _____

In 12 months: _____

Please state physical age range, broken into the following – stating number of each.

0 – 5 years _____

5 – 11 years _____

11 – 18 years _____

18 + years _____

Are the children residents? _____

If the children are not residents, how do they get to your organization?

From what handicaps do the children suffer?

How many wheelchair cases do you have?

Now: _____

In 12 months: _____

If you have wheelchair cases, could they be lifted into the van? _____

Do you have wheelchair cases that need to travel in their chairs? _____

What transportation do you presently have? _____

If you have transportation, how were these funds raised?

What public transport do you have available?

How many days per week would you use a van, and how many weeks per year?

Would there be any extended periods when the van would not be in use? _____

If so, could the van be available for other organizations?

Please give an estimate of yearly mileage envisaged. _____

If you are likely to tow a trailer, please indicate: _____

It is a condition of the supply of the vehicle that it will not be sold, transferred, disposed of or generally made available to anyone whatsoever without the express written consent of Houston Children's Charity.

Signed _____ Title _____

Please print name _____

Please forward completed application along with a copy of your **current financial statement and 501(c)3 status** and return to:

Houston Children's Charity
1600 West Loop South, Suite 610
Houston, TX 77027
Phone: 713-524-2878
