

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.

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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?

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From what handicaps do the children suffer?

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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? \_\_\_\_\_

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If you have transportation, how were these funds raised?

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What public transport do you have available?

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

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

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

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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

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