

DATE & TIME RECEIVED: _____

REQUEST # _____

**SRS COMMUNITY REUSE ORGANIZATION
ASSET TRANSITION DUE DILIGENCE WORKSHEET**

MUNICIPALITY AND NON-PROFIT ORGANIZATIONS

Organization: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ County: _____

Federal Identification Number: _____

Tax Status: _____

Description of item or items to be purchased: (use an additional sheet if necessary)

SRCRO List #	Mat ID (EX Number)	Description of the Item	Quantity Requested

NOTE: The Municipality or Non-Profit Organization agrees to pay the pickup, handling, storage, and any other associated costs incurred by SRSCRO.

Mission of the Organization (use an additional sheet if necessary):

Explain how your organization will use this property to create new employment opportunities for displaced SRS workers and/or area residents or provide assistance to residents affected by SRS downsizing. **Include an estimated number of jobs created/retained or residents served:**

The Municipality or Non-Profit Organization agrees to not sell, lease, or remove from the five-county area represented by SRSCRO, any item acquired in this program **for a period of five (5) years** unless prior written approval from SRSCRO is issued.

Signed: _____

Title: _____

Completed form must be received in SRSCRO office within the 30-day period the list is posted on the web page:

MAIL: SRS Community Reuse Organization
P.O. Box 696, Aiken, SC 29802

FAX: 803-593-4296

EMAIL: srsro@srsro.org

SRSCRO ONLY:

Reviewed By

Date Completed:

Cost to Customer

DOE Approval