STATE OF MISSOURI COOPERATIVE
PROCUREMENT PROGRAM MEMBERSHIP
APPLICATION FORM

Missouri State Statutes, Chapter 34 and Chapter 67, authorizes political subdivisions and quasi-public governmental bodies to participate in joint purchasing Program with the State of Missouri. To be considered for approval in participating in the State of Missouri's Cooperative Procurement Program, <u>please complete and submit this form to the Division of Purchasing</u>:

Name of Entity: _____

Address: _____

Contact Name: _____ Title: _____

Telephone Number: _____ E-mail: _____

Please indicate governmental entity type:
A. ☐ Public Tax Supported Agency (Governmental entities are those who derive their funding from a public tax base; i.e., federal agencies, cities, counties, public school districts, colleges, etc.)

B. ☐ Quasi-Public Governmental Body (As organized or authorized in pursuant to Chapters 352, 353, or 355 and section 610.010.4.f RSMo.)

Please indicate how funded (show percentages):
A.   Tax Supported (Other Than By Grant) _____%
B.   By Grant and/or Contributions _____%
C.   Other (Specify) _____

Please identify your entity's mission or purpose (also identify governing Missouri statutes or laws):
_____
_____

Has the institution been determined non-profit and tax-exempt under section 501 of the U.S. Internal Revenue Code?   YES   NO

If approved, the entity declares its understanding and agreement to comply with the requirements of being a participating member in the State of Missouri Cooperative Procurement Program.

Authorized Signature for Entity	**Printed Name**	**Title**	**Date**

Please send completed form by mail or e-mail to:
OA Division of Purchasing/Cooperative Procurement Program
301 W. High Street, Room 630, P.O. Box 809
Jefferson City, MO 65102
E-Mail: purchmail@oa.mo.gov

Note: The application will be reviewed to determine if your organization meets the eligibility criteria of the program. A determination of the eligibility will be sent to the applicant after the review. Any questions regarding the program, should be directed to the email address or 573-751-2387.

(For State Use Only): Entity Approved   Entity Denied   Reason: _____
Initials: _____   Date: _____