LEPP: PVO Self Certification Form

Summary:
In order to apply to the Limited Excess Property Program (LEPP), an organization must meet the PVO Self-Certification criteria. Organizations applying to LEPP must complete and submit a PVO Self-Certification Form as part of their application package. Completion of this form solely indicates that the organization meets the conditions as a PVO.

Explanation of Conditions:

LEPP requires PVO Self Certification as a condition of participating in the program.

There are three conditions that must be met to self-certify as a PVO. The conditions vary slightly depending on if it is a US or non-US organization. Please use the criteria that are applicable to your organization. An applicant must satisfy all of the following conditions:

Condition No. 1 (Private): The organization must be a private nongovernmental organization (NGO) that solicits and receives cash contributions from the general public.

Condition No. 2 (Voluntary): Is a charitable organization in that it:
(1) Is non-profit and tax-exempt
   - For U.S. entities (organized under the laws of the U.S. and has its headquarters in the U.S.): Is nonprofit and exempt from Federal income taxes under Section 501(C)(3) of the Internal Revenue Code.
   - For non-U.S. entities (organized under the laws of a non-U.S. country, in which it is domiciled, and has its headquarters in the same country): Is nonprofit and tax exempt under the laws of its country of domicile and operation.
(2) Is not recognized as a Public International Organization according to USAID's ADS 308.

Condition No. 3 (Overseas Program Activities): Conducts, or anticipates conducting, overseas program activities (i.e., activities outside of the U.S.) that are consistent with the purposes of Part I of the Foreign Assistance Act of 1961, as amended.

I have the authority to certify this Self-Certification Form on behalf of my organization, and hereby certify that my organization meets the conditions listed above.

I am registering for the Limited Excess Property Program on behalf of my organization as a (check one box):
US Organization ________
Non-US Organization ________

Name of Designated Representative: __________________________________________
Title: ______________________________________

Name of Organization being Certified: __________________________________________

Date: ____________________________________________________________________