

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 14-day period the list is posted on the web page:**

**MAIL:** SRS Community Reuse Organization  
520 Georgia Avenue  
North Augusta, SC 29841

**EMAIL:** srsro@srsro.org

**SRSCRO ONLY:**

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date Completed:

\_\_\_\_\_  
Cost to Customer

\_\_\_\_\_  
DOE Approval