

Agency _____

Representative Name _____

Address _____

_____ Postal code _____

Phone number _____ Alternate _____

Are you a not-for-profit? yes no

Please explain how our program helps your organization.

Computer users - check all that apply

- Staff/Business purposes
- Clients - under 12 12-17 17-60 60+

Computer needs - check all that apply

- Desktop (tower) Laptop* Monitor Keyboard Mouse Network cables
- Smart phone

*If a laptop was selected, and none is available, would you accept a desktop? yes no****Please note the following: All computer requests are on a first come first served bases.****Legal Disclaimer**

Strathcona County is furnishing this item "as is". Strathcona County does not provide any warranty or representation of the item whatsoever, whether express, implied, or statutory, including, but not limited to, any warranty of merchantability or fitness for a particular purpose or any warranty that the contents of the item will be error-free. In no respect shall Strathcona County incur any liability for any damages, including, but limited to, direct, indirect, special, or consequential damages arising out of, resulting from, or any way connected to the use of the item, whether or not based upon warranty, contract, tort, or otherwise; whether or not injury was sustained by persons or property or otherwise; and whether or not loss was sustained from, or arose out of, the results of, the item, or any services that may be provided by Strathcona County.

Collection and use of personal information

Personal information is collected under the authority of s. (33) of the *Freedom of Information and Protection Act*. This information will be used by Family and Community Services for the purpose of determining program eligibility requirements to provide surplus information and technology equipment. If you have any questions about the collection of this information, contact the Director, Family and Community Services, Strathcona County at 780-464-4044.

Office use onlyEligible no yes ►

Application received by _____ Staff referral (if applicable) _____