

UPDATE CERTIFICATION

NON-PROFIT AGENCY

TO UPDATE DONEE ORGANIZATION'S ELIGIBILITY TO PARTICIPATE IN THE STATE OF ALABAMA SURPLUS PROPERTY PROGRAM

**** PLEASE DO NOT SEPARATE PAPERS RETURN ALL FORMS

FROM: (Print Name and Address)

Return within 15 days from date shown _____

Zip Code _____

Email Address _____

TO: ADECA-Surplus Property Division
ATTN: Eligibility Clerk

NON-PROFIT AGENCY

1. Have there been any changes in the activity's educational, health, programs for older individuals, programs for the homeless, operations or services since the date eligibility was established to participate in the Surplus Property Program?

___ Yes ___ No (If Yes, please explain in an attached letter.)

2. Does one or more of the activities programs require approval, accreditation or licensure?

___ Yes ___ No (If Yes, please attach evidence to support current status. Copies of accreditation, approval, or licensure)

3. Has there been a change in the activity's status as an educational, health, program for older individuals or programs for the homeless determined to be non-profit and tax-exempt under Section 501 of the U.S. Internal Revenue Code of 1954.

___ Yes ___ No (If Yes, please explain in an attached letter.)

4. Is all of the information recorded on the computer printout (*copy attached*) correct -- including the mailing address, telephone number, authorized representative and authorized selectors? If the Authorized Representative has changed, please attach a letter of explanation and have it notarized.

I certify the above answers are true and correct to the best of my knowledge and answers of "Yes" to questions 1 - 3 are explained in an attached letter. An answer of "No" to question 4 is explained in an attached letter.

Submitted By: _____
Authorized Representative (Please Print Name)

Signature: _____

Date

NONDISCRIMINATION ASSURANCE

_____, hereinafter called "Donee",
(Print or Type) NAME OF AGENCY/ORGANIZATION

hereby agrees that the program for or in connection with which any property is acquired by the donee will be conducted in compliance with, and the donee will comply with and will require any other person (any legal entity) who through contractual or other arrangements with the donee will comply with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 CFR 101-6.2 or 101-8) issued under the provisions of Title VI of the Civil Rights Act of 1964, Section 606 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended, Section 504 of the Rehabilitation act of 1973, as amended, Title IX of the Education Amendments of 1972, as amended, and Section 303 of the Age Discrimination Act of 1975, to the end that no person in the United States shall on the ground of race, color, national origin, sex or age, or that no otherwise qualified handicapped person shall solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the donee received federal assistance from the General Services Administration; and hereby give assurance that it will immediately take any measures necessary to effectuate this agreement.

The donee further agrees that this agreement shall be subject in all respects to the provision of said regulations; that this agreement shall obligate the donee for the period during which it retains ownership or possession of any such property; that the United States shall have the right to seek judicial enforcement of this agreement; and this agreement shall be binding upon any successor in interest of the "donee" as used herein includes any such successor in interest.

DATE _____

(Print or Type)
DONEE MAILING ADDRESS

DONEE

(Print or Type) Authorized Representative

SIGNATURE

APPLICATION FOR ELIGIBILITY

**Statement
of
Relative Property Needs, Resources And Abilities To Utilize Requested Property**

In accordance with the requirement of Part I, D(I) (iii) of the Application For Eligibility To Participate In The Federal Surplus Property Donation Program, this is a statement of the

(Insert Legal Name of Applicant)

relative property needs, resources and abilities to utilize requested property.

Applicant, please note that general categories of the property in great demand and not readily available in the surplus property distribution centers include, but are not limited to, aircraft and aircraft components; vessels and vessel components; computers and computer components; construction equipment; construction material; material handling equipment; machine shop and woodworking shop equipment; generators; compressors; vehicles; highly specialized equipment and small common use items in large quantities. Requests for items in these categories are accepted by the State Agency and placed on a "want list." When items that fall within these categories become available, donation is made by the State Agency on the basis of each requesting donees' relative needs, resources and abilities to utilize requested property. Needs for items that do not fall within the listed categories may be filled by donee representatives visiting the surplus property distribution centers on a regularly scheduled basis.

1. Relative property needs
 - A. Be specific; list quantities you are interested in at this time and a complete description of the items. (Requests for items that cannot be readily identified or requests for items that are usually available in the surplus property distribution centers will not be placed on a "want list"). You are **not** obligated to select the items that you list below.
 - B. List items in space below. (Attach supplement if necessary).

Qty.	Complete Description	Needed For What Purpose

2. Resources Available

A. Funds available for acquisition of requested property are derived from:

- (i) Tax appropriated funds
- (ii) Tuition or charge for service
- (iii) Federal or State grant
- (iv) Donation or contributions

B. Reason, if any, why requested property cannot be purchased commercially

(i) Budget limitations: _____
(explain)

(ii) Extraordinary economic problems: _____
(explain)

(iii) Other reason: _____
(explain)

3. Property requested is needed for purpose as stated and when acquired will be utilized on a:

- A. Continuing basis
- B. Temporary basis
- C. Reserve basis

4. Property acquired through donation will be maintained and repaired in the following manner;

Signature of Administrative Head or Chief Executive Officer or of
Person Designated To Act As Authorized Representative.

Date _____

ELIGIBILITY APPLICATION CERTIFICATIONS AND AGREEMENTS

I hereby certify that I am the **Authorized Representative** for _____

_____ and have the authority to approve and certify purchases for this agency/organization. I agree to be responsible for all Surplus Property acquired by this agency/organization through the **State of Alabama Department of Economic and Community Affairs - Surplus Property Division** and hereby give assurance that the property will be utilized in accordance with the terms and conditions printed on the eligibility application.

The following selectors are approved and certified to acquire and utilize Surplus Property on behalf of the above named agency/organization:

Please print or type the names of individuals.

NAME: _____

TITLE: _____

I understand that **Only** the **Authorized representative** may give a one-time letter of authorization to an individual not listed above to present as identification and use as authorization to purchase on behalf of the Agency/Organization. The letter should be dated for the date of purchase.

Any changes to the above list must be made in writing by the **Authorized Representative**.

AUTHORIZED REPRESENTATIVE
(Type or Print)

TITLE

SIGNATURE

DATE

**EXPIRATION DATE OF
TERM OF OFFICE**

AUTHORITY TO OBTAIN SURPLUS PROPERTY

ADDITIONS

DELETIONS

(CHANGES)

(Authorized Representatives, Address, Telephone Number, Etc.)

Signature of Authorized Representative: _____

Date Signed: _____

Please make any changes on this form.

**THIS IS A SAMPLE LETTER GIVING NEW SELECTORS
AUTHORIZATION TO PICK-UP PROPERTY**

INSERT DATE

Mr. Shane T. Bailey
Division Director
ADECA - Surplus Property Division

4590 Mobile Highway
Montgomery, AL 36108

Dear Mr. Bailey

As the Authorized Representative of _____
(Name of Organization)

I am requesting that you permit the person named below to select and pick-up property for use by this organization. Please have the invoice billed to _____
(Name of Organization)

We both understand property acquired under this authorization cannot be placed in use for personal purposes, but must be placed in use at this organization; entered on the inventory of this organization and used in accordance with Federal and State terms, conditions, reservations and restrictions stated in the applicable State Agency Distribution Documents. This authorization is a _____ one-time only or _____ permanent addition.

Signed: _____
(Authorized Representative)

Date of authorization (if one-time only): _____

Name of person to be authorized: _____

Restrictions if any _____
(i.e. purchase order number, etc.)

NOTE: *Request for adding or deleting authorized selectors will be honored by the signature of the authorized representative only All service charges and utilization of properties will be the responsibility of the authorized representative.*