

APPLICATION FOR ELIGIBILITY – PUBLIC

To Receive Federal Surplus Property (41 CFR 101-44.2070)

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

Mailing Address (P.O. Box, Street, City, State, & Zip Code)

Street Address / Location (If Different From Mailing Address)

E-Mail Address

_____()_____()_____
County Telephone # Fax #

II. APPLICANT STATUS:

Public Agency or Public Schools (evidence must be provided)

III. TYPE OR PURPOSE OF ORGANIZATION:

| | State | | College or University | | Preschool | | Hospital
| | County | | Secondary School | | School For Handicapped | | Clinic
| | City | | Elementary School | | Radio/TV Station | | Health Center
| | Library | | School District | | Museum | | Medical Institution
| | Program For Older Individuals | | Other _____
(Specify)

IV. ON SEPERATED PAGE (MUST BE DEPARTMENT LETTERHEAD) PROVIDE A NARRATIVE OF DEPARTMENT (Provide your agency Mission Statement and list of departments and summary of their functions)

V. Provide the RNO (Race and National Origin ie: Census Data) profile of your service area

VI. SOURCES OF FUNDING: Agency is required to provide written Supporting Documentation of Funding Source. ON SEPARATE PAGES PROVIDE A SUMMARY OF CURRENT BUDGET, Kansas Statues, Cities and Counties must provide the MILL LEVY;

VII.

Date Typed/Printed of Authorized Official Signature Of Authorized Official

For Federal Surplus Property Use Only

Eligibility Application: Approved YES _____ NO _____ Date: _____

Approved by: _____ Title: _____

AUTHORIZED REPRESENTATIVES

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

_____ () _____
Name Of Organization Phone Number

II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO:

- a. Acquire Federal Surplus Property;
- b. Obligate necessary funds for this purpose; and
- c. Execute Distribution Documents agreeing to terms, conditions, reservations, and restrictions applying to property Obtained through the agency.

III. REPRESENTATIVES: The "Authorized Official" cannot be the only signature, one additional signature is required.

EACH REPRESENTATIVE MUST SIGN FOR OUR RECORDS

Name: _____ Title: _____
(Typed or Printed) (Typed or Printed)

Signature: _____ E-mail: _____

Name: _____ Title: _____
(Typed or Printed) (Typed or Printed)

Signature: _____ E-mail: _____

Name: _____ Title: _____
(Typed or Printed) (Typed or Printed)

Signature: _____ E-mail: _____

Name: _____ Title: _____
(Typed or Printed) (Typed or Printed)

Signature: _____ E-mail: _____

Name: _____ Title: _____
(Typed or Printed) (Typed or Printed)

Signature: _____ E-mail: _____

IV. CERTIFICATION:

_____ _____ _____
Date Typed/Printed of Authorized Official Signature of Authorized Official

NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

Mailing Address (P.O. Box, Street, City, State, and Zip Code)

Street Address / Location (if different from mailing address)

County Telephone # Fax #

_____, the donee,
(Name of Organization)

agrees that the program for or in connection with which any property is donated to 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 is authorized to provide services or benefits under said program to comply with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 C.F.R. 101-6.2 and 101-8) issued under the provisions of Title VI of the Civil Rights Act of 1964, as amended, 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, section 303 of the Age Discrimination Act of 1975, and the Civil Rights Restoration Act of 1987, 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 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 gives assurance that it will immediately take any measures necessary to effectuate this agreement.

The donee further agrees (1) that this agreement shall be subject in all respects to the provision of said Federal Statutes and regulations (2) that this agreement obligates the donee for the period during which it retains ownership or possession of the property, (3) that the United States shall have the right to seek judicial enforcement of this agreement, and (4) that this agreement shall be binding upon any successor in interest of the donee and the word "donee" as used herein includes any such successor in interest.

CERTIFICATION:

Date

Typed/Printed of Authorized Official

Signature of Authorized Official

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
FOR COVERED CONTRACTS**

Federal Executive Order 12549 requires the Kansas Federal Surplus Property to screen each Applicant Organization to determine whether the applicant has a right to obtain financial assistance/property in accordance with federal regulations on debarment, suspension, ineligibility and voluntary exclusion. Each applicant organization/covered contractor must also screen each of its covered subcontractors. In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the Applicant Organization accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the Organization rendered an erroneous certification, in addition to other remedies available to the federal government, Kansas Federal Surplus Property, the United States General Services Administration or other federal department or agency may pursue available remedies, including suspension and/or debarment.
2. The Organization shall provide immediate written notice to the Agency to which this certification is submitted if at any time the Organization learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract," "debarred," "suspended," "ineligible," "participant," "person," "principal," and "voluntarily excluded," as used in this certification have meanings based upon material in the Definitions and Coverage sections of federal rules implementing Executive Order 12549.
4. The Organization agrees by submitting this certification that, should eligibility to acquire property be granted, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by Kansas Federal Surplus Property, the United States General Services Administration or other federal department or agency.
5. The Organization further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts is solicitation for all covered subcontracts.
6. The Organization may rely upon a certification of a potential subcontractor that is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. An Organization must, at a minimum obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if an Organization in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the United States General Services Administration, or other federal department or agency, as applicable, and/or Kansas Federal Surplus Property may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate space which applies to the covered potential contractor.

_____ The Applicant Organization certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Kansas.

_____ The applicant Organization is unable to certify to one or more of the terms in this certification, and the Applicant Organization must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Type/Printed Name of Applicant Organization

Date

Typed/Printed of Authorized Official

Signature of Authorized Official

WANT LIST

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization () _____
Phone Number Requesters Name

List the type of property your agency is interested in acquiring which will support the mission of your Agency

Name of Item	Description of Item	Quantity Needed	Date Needed

Type/Printed Name of Applicant Organization

Date

Typed/Printed of Authorized Official

Signature of Authorized Official

AGENCY RESPONSIBILITY WHEN RECEIVING FEDERAL PROPERTY

- **AGENCY AGREES** TO USE SURPLUS PROPERTY ONLY IN THE OFFICAL PROGRAM WHICH YOU REPRESENT.

AND

- **AGENCY AGREES** TO PUT THE SURPLUS PROPERTY INTO USE WITHIN ONE YEAR AND TO USE IT FOR AT LEAST ONE YEAR

AND

- **AGENCY AGREES** TO USE CERTAIN ITEMS FOR EIGHTEEN (18) MONTHS OR LONGER

AND

- **AGENCY AGREES** THAT YOU WOULD NOT SELL THE PROPERTY, LOAN IT, TRADE IT, OR TEAR IT DOWN FOR PARTS UNLESS **FEDERAL SURPLUS PROPERTY GIVES PERMISSION** BEFORE YOU DO IT.

AND

- **AGENCY AGREES** TO PAY THE U.S. GOVERNMENT IF YOU DID NOT USE THE PROPERTY ACCORDING TO YOUR AGREEMENT.

PERSONAL USE OF FEDERAL
SURPLUS PROPERTY IS PROHIBITED
UNDER STATE AND FEDERAL LAW.

SUMMARY

1. SURPLUS PROPERTY MUST BE USED IN AN AUTHORIZED PROGRAM
2. PERSONAL USE OR NON-USE OF SURPLUS PROPERTY IS NOT ALLOWED
3. PERMISSION MUST BE OBTAINED BEFORE SELLING, TRADING. OR CANNIBALIZING SURPLUS PROPERTY
4. READ THE BACK OF YOUR DISTRIBUTION DOCUMENT (INVOICE) – UNDERSTAND YOUR OBLIGATIONS.

Type/Printed Name of Applicant Organization

Date

Typed/Printed of Authorized Official

Signature of Authorized Official