

ELIGIBILITY RENEWAL APPLICATION STATE & FEDERAL SURPLUS PROPERTY PROGRAM

A. Name of the Organization _____ Telephone _____
 Address _____ City _____ Zip _____
 Fax Number _____ E-mail Address _____

Organization is a: PUBLIC GOVERNMENTAL AGENCY PRIVATE AGENCY/ORGANIZATION
 _____ A. Conservation _____ A. Homeless Program
 _____ B. Economic Development _____ B. Private Education - ADA _____
 _____ C. Education - ADA _____ _____ C. Private Health
 _____ D. Parks & Recreation _____ D. Older Americans Act for Sr. Citizens
 _____ E. Public Health _____ E. Other, Explain _____
 _____ F. Public Safety
 _____ G. Other, Explain _____

Number of Service Sites _____
 Total Number of Clients Served Each Day _____

RESOLUTION

B. "BE IT RESOLVED by the Governing Board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) are listed below shall be and is (are) hereby authorized as our representative(s) to acquire surplus property through the auspices of the California State Agency for Surplus Property and accept responsibility for payment of incidental fees by the surplus property agency under the Terms and Conditions accompanying this form or listed on the reverse side of this form."

NAME (Print or type)	TITLE	SIGNATURE*	E-MAIL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Note: All signatures must be in original form. No copied or stamped signatures.**

The above resolution was PASSED AND ADOPTED this ____ day of _____ 20____ by the Governing Board of the:
 _____ by the following vote: AYES: _____ NOES: _____ ABSENT: _____

I, _____ Clerk of the Governing Board known as _____

Do hereby certify that the foregoing is a full, true, and correct resolution adopted by the governing board of the above named organization at the meeting thereof held at its regular place of meeting on the date and by the vote above stated, a copy of said resolution is on file in the principal office of the Governing Board.

Signed by: _____

NOTE: ALL LOCAL GOVERNMENT & NON-PROFIT INCORPORATED ORGANIZATIONS HAVE A GOVERNING BOARD, THEREFORE COMPLETE ONLY SECTIONS "A" & "B". THE FOLLOWING SECTION "C" IS FOR STATE AGENCIES ONLY.

C. AUTHORIZED BY: _____

 Printed Name and Title of Chief Administrative Officer

 Signature of Chief Administrative Officer Date

STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE# _____

FOR STATE SURPLUS AGENCY USE ONLY

Renewal Application Approved _____ Renewal Application Disapproved _____
 Date: _____ Signed: _____