

# New Application Checklist

## Homeless/Impoverished Provider

Form 201 – Application	Yes <input type="checkbox"/> No <input type="checkbox"/>
Form 202 – Resolution	Yes <input type="checkbox"/> No <input type="checkbox"/>
Form 203 – Non-Discrimination Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
Debarment Form	Yes <input type="checkbox"/> No <input type="checkbox"/>
License or Operating Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Non-Profit Status - 501(c)(3) (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Financial Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Permanent Location (In the form of a Lease)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Complete Narrative of the Program, Which Includes Sources of Funding, Services Provided and the Number of Individuals Receiving That Type of Assistance, Facilities, Hours of Operation, and if Overnight Shelter is Provided, the Maximum Number of Individuals Accommodated.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence that the Organization is Publicly Recognized: Letter on Official Letterhead from Mayor, Judge, County Health Officer, or Comparable Authority that Certifies the Applicant is a “Provider of Assistance to the Homeless.”	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Notes:**

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**Additional Information:**

- Eligible Homeless Providers Programs Include: Overnight, daytime and around-the-clock shelters. Included in this group: shelters for battered spouses, abused children, and orphans; and halfway houses or transitional housing for temporary residence of homeless parolees, mental patients, and/or substance abusers.
- Food banks must be determined on a case by case basis; food banks that provide food directly to facilities where homeless people are fed may be eligible.
- Services to the homeless must be the primary function of the organization. If any activity operates a broad spectrum of programs through which assistance to the homeless is peripheral and incidental, the organization would not be eligible. Property donated must be used in a program primarily for the benefit of homeless persons.

Reviewed by:	Date:
Approved:      Yes <input type="checkbox"/> No <input type="checkbox"/>	Expires:



Governor Edmund G. Brown Jr.

**STATE OF CALIFORNIA  
NEW APPLICATION FOR ELIGIBILITY  
STATE & FEDERAL SURPLUS PROPERTY PROGRAM**

In completing this form please print or type information.

A. Name of Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

1. Application is being made as a (please check one) (a) Public agency  or (b) qualified nonprofit and tax-exempt organization . Check all spaces that apply and provide all requested data.

B. **PUBLIC AGENCY:** Check either state  or local

- Conservation
- Economic Development
- Education
- Grade Level \_\_\_\_\_  
(Preschool, K-12, college)
- Enrollment \_\_\_\_\_
- No. of faculty \_\_\_\_\_
- No. of days in school year \_\_\_\_\_
- Parks & Recreation
- Public Health
- Public Safety
- Two or more of above
- Other (specify) \_\_\_\_\_

**NONPROFIT AGENCY OR ORGANIZATION:**

- Education
- Grade Level \_\_\_\_\_  
(Preschool, K-12, college)
- School for the mentally or physically handicapped
- Enrollment \_\_\_\_\_
- No. of faculty \_\_\_\_\_
- No. of days in school year \_\_\_\_\_
- No. of school sites \_\_\_\_\_
- Educational radio or television station
- Museum
- Library
- Medical institution
- Hospital
- Health center
- Clinic
- Other (specify) \_\_\_\_\_

1. Are the applicant's services available to the public at large? \_\_\_\_\_ . If only a specified group of people is served, please indicate who comprises this group. \_\_\_\_\_

2. Checklist of signed and completed documents submitted with this application:

- SASP Form No. 202 "Resolution," properly signed and approved by the Governing Board designating representatives, including their signatures, authorized to bind the applicant organization to service fees submitted by the State of California.
- SASP Form No. 203, nondiscrimination compliance assurance.
- Certification Regarding Debarment, Suspension, Ineligibility, & Voluntary Exclusion as required by the General Services Administration of the U.S. Government.
- Other statements or documentation required, as may be specified.

Printed Name and Title of Administrator or Director: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Administrator or Director: \_\_\_\_\_

**FOR STATE SURPLUS AGENCY USE ONLY**

Application approved \_\_\_\_\_ Application disapproved \_\_\_\_\_

Comments or additional information: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Donee Number: \_\_\_\_\_ Billing Code: \_\_\_\_\_



Governor Edmund G. Brown Jr.

**RESOLUTION**

"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
A.			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

B. The above resolution was PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Governing Board of the: \_\_\_\_\_ by the following vote: AYES: \_\_\_\_\_; NOES: \_\_\_\_\_; ABSENT: \_\_\_\_\_  
Agency Name

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 below named organization at the meeting thereof held at its regular place of meeting on this date and by the vote above stated, a copy of said resolution is on file in the principap office of the Governing Board.

Signed by: \_\_\_\_\_

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

**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 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by: \_\_\_\_\_  
Signature of Administrative Officer

\_\_\_\_\_  
Printed Name of Chief Administrative Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
County

**STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE:** \_\_\_\_\_

**ASSURANCE OF COMPLIANCE WITH GSA REGULATIONS UNDER 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**

\_\_\_\_\_, (hereinafter called the “donee”),  
(Name of donee organization)

**HEREBY 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 CFR 101-6.2) 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 GIVES 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 provisions 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 and the word “donee” as used herein includes any such successor in interest.

Date \_\_\_\_\_ Donee Organization \_\_\_\_\_

BY \_\_\_\_\_  
(President/Chairman of the Board  
or comparable authorized official)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Donee Mailing Address

**STATE OF CALIFORNIA  
NEW APPLICATION FOR ELIGIBILITY  
STATE & FEDERAL SURPLUS PROPERTY PROGRAM**

Pursuant to Federal Regulation 28 C.F.R. §§ 42.401 - 42.415, a recipient is mandated to report to the Federal Government the racial and national origins of all persons within your service area. You are therefore asked to supply the Office of Fleet and Asset Management with the race and national origins of individuals you serve in your service area (it may be helpful to refer to the US Census to determine the racial makeup of your service area at [www.factfinder.census.gov/](http://www.factfinder.census.gov/)). This form must be completed and returned with the rest of the eligibility packet in order to qualify for the Federal Surplus Property Program. Your answers on this form in no way affect your eligibility; however, not returning the form will delay the processing of your application.

<b>American Indian or Alaskan Native</b> % _____	Persons having origins in any of the tribal people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<b>Asian / Pacific Islander</b> % _____	Persons having origins in any of the original peoples of the far east, Southeast Asia, Pacific Islands, or the Indian Subcontinent. This includes China, Japan, Korea, The Philippines, and Samoa.
<b>Black</b> % _____	Persons having origins in any of the black racial groups of Africa.
<b>Hispanic</b> % _____	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<b>White</b> % _____	Person having origins in any of the original people of Europe, North Africa, or the Middle East.
<b>Other</b> % _____	(Specify) _____

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS**

This certification is required by the General Services Administration regulations implementing Executive Order 12549-41 CFR 105-68 – for all lower tier transactions meeting the requirements stated at 41 CFR 105-68.110.

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department of agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage section of rule implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitation for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in 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 clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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**Certification**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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NAME OF DONEE APPLICANT

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NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

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SIGNATURE

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DATE