

STATE OF CALIFORNIA
STATE SURPLUS PROPERTY
PROGRAM ELIGIBILITY APPLICATION
 DGS OFAM 201 (Revised 08/2019)

DEPARTMENT OF GENERAL SERVICES
 OFFICE OF FLEET AND ASSET MANAGEMENT

Organization Name		Email		Phone Number	Fax Number
Address	City	State	Zip Code	County	
Service available to the public at large		If "No," please indicate a specific group of people served			
Yes No					

ORGANIZATION TYPE – Please check all that apply and provide all requested information.

Public Agency:	State	Local	Non-Profit Agency or Organization
Conservation			Education
Economic Development			Grade Level: Preschool K-12 College
Education			School for the Mentally and Physically handicapped
Grade Level: Preschool K-12 College			Enrollment: _____
Enrollment: _____			Number of Faculty: _____
Number of Faculty: _____			Number of Days in School Year: _____
Number of Days in School Year: _____			Number of School Sites: _____
Parks and Recreation			Educational Radio or Television Station
Public Health			Museum
Public Safety			Library
Other (Please specify): _____			Medical Institution
			Hospital
			Health Center
			Clinic
			Other (Please specify): _____

ATTACHMENTS

DGS OFAM 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.

DGS OFAM 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.

Administrator or Director Name	Title
Signature	Date

FOR STATE SURPLUS AGENCY USE ONLY

Application Status: Approved Disapproved

Donee Number	Billing Code
Comments or Additional Information	

Signed	Date
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