

**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: _____