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:

| | Nonprofit, Tax-Exempt Organization

III. TYPE OR PURPOSE OF ORGANIZATION:

| College or University | School For Handicapped | Training Center | Medical Institution |
| Secondary School | Child Care Center | Radio/TV Station | Hospital |
| Elementary School | School For Developmentally Disabled | Health Center |
| Preschool | Museum | Library | Clinic |
| Sheltered Workshop Training Program | Program For Older Individuals | |
| Provider Of Assistance To Homeless Individuals | Other \(\text{Specify} \)

IV. PROVIDE ON DEPARTMENT LETTERHEAD A NARRATIVE (WRITTEN DESCRIPTION OF PROGRAM OR SERVICES OFFERED); INCLUDING A DESCRIPTION OF FACILITIES OPERATED

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 COPY OF CURRENT BUDGET.

| Tax Supported | Grant | Contributions | Other \(\text{Specify}\)

VII. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: __________________ (Agency must provide a copy of the IRS 501C3)

VIII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED?

(ORGANIZATION MUST PROVIDE A COPY)

BY WHAT AUTHORITY:

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:_____________________________
Signature: ___________________________    E-mail:____________________________

Name: _____________________________    Title:_____________________________
Signature: ___________________________    E-mail:____________________________

Name: _____________________________    Title:_____________________________
Signature: ___________________________    E-mail:____________________________

Name: _____________________________    Title:_____________________________
Signature: ___________________________    E-mail:____________________________

IV. CERTIFICATION:

Date: ___________________    Typed/Printed of Authorized Official: ______________________
Signature of Authorized Official: ______________________
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)
________________________________________________________________________

(        ) (        )
County Telephone # Fax #

(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; “contact” 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

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<th>Name of Item</th>
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______________________________________________________________

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 OFFICIAL 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