

# UPDATE CERTIFICATION

## SERVICE EDUCATIONAL ACTIVITIES

TO UPDATE DONEE ORGANIZATION'S ELIGIBILITY TO PARTICIPATE IN THE STATE OF ALABAMA SURPLUS PROPERTY PROGRAM

\*\*\*\* PLEASE DO NOT SEPARATE PAPERS      RETURN ALL FORMS

Return within 15 days from date shown \_\_\_\_\_

FROM: (Print Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Email Address \_\_\_\_\_

TO: ADECA-Surplus Property Division  
ATTN: Eligibility Clerk

Service Educational Activities  
(SEA)

1. Have there been any changes in the activity's educational, health, programs for older individuals, programs for the homeless, operations or services since the date eligibility was established to participate in the Surplus Property Program?  
  
\_\_\_ Yes \_\_\_ No    *(If Yes, please explain in an attached letter.)*
2. Does one or more of the activities programs required to be a unit list, chapter, local council, or agency?  
  
\_\_\_ Yes \_\_\_ No    *(If Yes, please attach evidence to support current status. Copies of charter or current status with the council or any other documentation to substantiate current status)*
3. Has there been a change in the activity's status as a special educational activity organization.  
  
\_\_\_ Yes \_\_\_ No    *(If Yes, please explain in an attached letter.)*
4. Is all of the information recorded on the computer printout (*copy attached*) correct -- including the mailing address, telephone number, authorized representative and authorized selectors? If the Authorized Representative has changed, please attach a letter of explanation and have it notarized.

I certify the above answers are true and correct to the best of my knowledge and answers of "Yes" to questions 1 - 3 are explained in an attached letter. An answer of "No" to question 4 is explained in an attached letter.

Submitted By: \_\_\_\_\_  
Authorized Representative    *(Please Print Name)*

Signature: \_\_\_\_\_

Date \_\_\_\_\_

# NON-DISCRIMINATION ASSURANCE

\_\_\_\_\_, hereafter called "Donee",  
NAME OF AGENCY/ORGANIZATION (*Print or Type*)

hereby agrees that the program for or in connection with which any property is acquired by 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 will comply with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 CFR 101-6.2 or 101-8) 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 grounds 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 give 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 provision 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" as used herein includes any such successor in interest.

\_\_\_\_\_  
Donee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative  
(*Print or Type*)

\_\_\_\_\_  
Donee Mailing Address (*Print or Type*)

\_\_\_\_\_  
Signature



2. Resources Available

A. Funds available for acquisition of requested property are derived from:

- (i)  Tax Appropriated Funds                      (iii)  Federal or State Grant  
(ii)  Tuition or Charge for Service              (iv)  Donation or Contributions

B. Reason, if any, why requested property cannot be purchased commercially

- (i)  Budget Limitations \_\_\_\_\_ (Explain)  
\_\_\_\_\_  
(ii)  Extraordinary Economic Problems \_\_\_\_\_ (Explain)  
\_\_\_\_\_  
(iii)  Other Reasons \_\_\_\_\_ (Explain)  
\_\_\_\_\_

3. Property requested is needed for purpose as stated and when acquired will be utilized on a:

- A.  Continuous Basis      B.  Temporary Basis      C.  Reserve Basis

4. Property acquired through donation will be maintained and repaired in the following manner:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrative Head or Chief Executive Officer or  
of the Person Designated to Act as Authorized Representative

\_\_\_\_\_  
Date

**ELIGIBILITY APPLICATION  
CERTIFICATIONS AND AGREEMENTS**

I hereby certify that I am the Authorized Representative for \_\_\_\_\_  
(Name of Agency/Organization)

and have the authority to approve and certify purchases for this agency/organization. I agree to be responsible for all Surplus Property acquired by this agency/organization through the State of Alabama Department of Economic and Community Affairs' Surplus Property Division and hereby give assurance that the property will be utilized in accordance with the terms and conditions printed on the eligibility application.

The following selectors are approved and certified to acquire and utilize Surplus Property on behalf of the above named agency/organization:

Please print or type the names of individuals certified:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

I understand that ONLY the authorized representative may give a one-time letter of authorization to an individual not listed above to present as identification and use as authorization to purchase on behalf of the agency/organization.

Any changes to the above list must be made in writing by the authorized representative.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE  
*(Please Type or Print)*

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EXPIRATION DATE OF  
TERM OF OFFICE

**THIS IS A SAMPLE LETTER GIVING NEW SELECTORS  
AUTHORIZATION TO PICK UP PROPERTY**

Insert Date

Mr. Shane T. Bailey  
Division Director  
ADECA-Surplus Property Division  
4590 Mobile Highway  
Montgomery, Alabama 36108

Dear Mr. Bailey:

As the authorized representative of \_\_\_\_\_,  
(Name of Organization)

I am requesting that you permit the person named below to select and pick up property for use by this organization.

Please have the invoice billed to: \_\_\_\_\_  
(Name of Organization)

We both understand property acquired under this authorization cannot be placed in use for personal purposes, but must be placed in use at this organization; entered on the inventory of this organization and used in accordance with Federal and State terms, conditions, reservations and restrictions stated in the applicable State Agency Distribution Documents.

This authorization is a \_\_\_\_ one time only or \_\_\_\_ permanent addition.

Signed: \_\_\_\_\_  
(Authorized Representative)

Date of Authorization (if one-time only): \_\_\_\_\_

Name of person to be authorized: \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_ (i.e., Purchase Order No., etc.)

**NOTE: Requests for adding or deleting authorized selectors will be honored by the signature of the authorized representative only.**

**All service charges and utilization of properties will be the responsibility of the authorized representative.**

# AUTHORITY TO OBTAIN SURPLUS PROPERTY

## ADDITIONS

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## DELETIONS

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## CHANGES

(Authorized Representative, Address, Telephone Number, etc.)

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Signature of Authorized Representative: \_\_\_\_\_

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

(Please make any changes on this form)