

# New Mexico State Agency for Surplus Property

1990 Siringo Rd. \* Santa Fe, NM 87505  
Phone: (505) 476-1949 \* Fax: (505) 476-1905

## APPLICATION FOR ELIGIBILITY

To Receive Federal Surplus Property (41 CFR 101-44.207)

### I. Legal Name & Mailing Address of Applicant Organization

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

Mailing Address (P.O. Box Number, Street, City) \_\_\_\_\_

State \_\_\_\_\_

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

Street Address Location (if different from mailing address) \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

### II. Applicant Status (check one)

- Public Agency including Public Schools (evidence must be provided)  
 Non profit, tax-exempt Organization  
 8 (a) Small Business

### III. Type or purpose of Organization

- State       College/University       Child Care Center       Training Center       Medical Inst  
 County       Secondary School       School for Handicap       Radio/TV Station       Hospital  
 City       Elementary School       Preschool       Library  
 Museum       School District       Clinic       Health Cent  
 Program for Older Individuals       Provider of Assistance to Homeless Individuals  
 Sheltered Workshop Training Program       Other (specify) \_\_\_\_\_

### IV. Provide a written description of program or services offered, including a description of facilities operated. (required)

### V. Source of Funding (attach Supporting Documentation)

- Tax Supported       Grant       Contributions       Other (Specify) \_\_\_\_\_

### VI. Has the organization been determined to be tax exempt under Section 501 of the IRS Code of 1954: \_\_\_\_\_ (Copy Required)

### VII. Has the organization been approved, accredited, or licensed \_\_\_\_\_ By what authority \_\_\_\_\_ (copy required)

### VIII. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

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

Agency Use Only \_\_\_\_\_

The Applicant has been Determined as  Eligible       Ineligible       Conditional  
 A public Agency       Nonprofit Health       Nonprofit Education

Eligibility expires \_\_\_\_\_ Date \_\_\_\_\_ Director \_\_\_\_\_

# New Mexico State Agency for Surplus Property

## Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

### I. Legal Name & mailing Address of Applicant Organization

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

\_\_\_\_\_  
Mailing Address (P.O. Box Number, Street, City) State Zip Code

\_\_\_\_\_  
Street Address Location (if different from mailing address)

\_\_\_\_\_  
County Telephone Number Fax Number

\_\_\_\_\_, *The donee,*  
Name or Organization

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

# New Mexico State Agency for Surplus Property

## Authorized Representatives

### I. Legal Name & Mailing Address of Applicant Organization

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

\_\_\_\_\_  
Mailing Address (P.O. Box Number, Street, City) State Zip Code

\_\_\_\_\_  
Street Address Location (if different from mailing address)

\_\_\_\_\_  
County Telephone Number Fax Number

### II. The following Representatives are Designated to:

1. Acquire Federal Surplus Property
2. Obligate necessary funds for this purpose; and
3. Execute Distribution Documents agreeing to terms, conditions, reservations, and restrictions applying to property obtained through the agency.

### III. New Designations

(Delete all previous authorized)

### Additional Designations only

(add to previous authorized)

### IV. Representatives:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### V. Certification:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

# New Mexico State Agency for Surplus Property

## Nondiscrimination Assurance

### I. Legal Name & Mailing Address of Applicant Organization

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Name of Organization

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Mailing Address (P.O. Box Number, Street, City)

State

Zip Code

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Street Address Location (if different from mailing address)

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County

Telephone Number

Fax Number

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Name or Organization \_\_\_\_\_, *the donee*,

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.G.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 provisions 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 with word "donee" as used herein includes any such successor in interest.

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Date

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Signature of Authorized Official

# New Mexico State Agency for Surplus Property

1990 Siringo Road

Santa Fe, New Mexico 87505

Phone: (505) 476-1949 Fax: (505) 476-1905

E-Mail Address: [Christopher.Barela@state.nm.us](mailto:Christopher.Barela@state.nm.us)

## WANT LIST FORM

DONEES' NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTACT PERSON & NUMBER \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

The Want List is designed to request items that are available now or in the near future. Please be specific in your description; it is important in locating your needed items. If you have an option please indicate so in the "Options Column". Contact us periodically to check on the status regarding your want list and keep us informed if you wish to remain on our list. Once the property has been received by our agency it is the Donees' responsibility to pick it up no later than three days after notification.

<u>ITEM REQUESTED</u>	<u>BRIEF DESCRIPTION</u>	<u>QUANTITY</u>	<u>OPTIONS</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGENCY USE ONLY:  
DONEE: \_\_\_\_\_

ITEMS AVAILABLE:  
YES \_\_\_ NO \_\_\_

RECEIVED BY: \_\_\_\_\_