Trust • Excellence • Service

Department of Administrative Services

Sonny Perdue
Governor

Surplus Property Division

Steven R. Ekin, Director

Dana R. Russell
Commissioner

Dear Applicant,

Thank you for your interest in the Georgia Department of Administrative Services, Surplus Property Program. This program offers surplus federal personal property to non-profit organizations that provide service to the **Homeless**. Service charges apply for all property. In order to qualify for this program, your organization must meet the specific criteria outlined below. Applications must be signed by one of the organization's principal officers.

- **Application for Eligibility** (Includes Non-Discrimination Assurance & Resolution/Designation of Certifying Officials and Property Selectors).
- **Articles of Incorporation** showing the signature and seal of the Secretary of State and a copy of any amendments that may have been made.
- Letter from the Internal Revenue Service stating that your organization is income tax exempt under their section **501(c) (3)**.
- A brief **narrative description** (or brochure) of the services the program provides. Please include the approximate number of individuals served by your program.
- A **letter from a city or county official**, stating that they **recognize** your program and **refer** individuals to you for shelter, food or training.
- A **statement on your letterhead** indicating what percent of the people you serve are considered homeless.

Please complete this package in its entirety. Incomplete applications can not be processed and will delay your organization's eligibility determination. Send completed applications and supporting documentation to:

GA DOAS, Surplus Property Division
Attn: Eligibility Processing
2072 North Bibb Drive
Tucker, GA 30084

There is no charge for this application process. If you have any questions, please contact Tashika Cullins at (770) 414-6468.

Sincerely,

Steve Ekin
Director

2072 North Bibb Drive Tucker, Georgia 30084-6233
770-414-6468 Fax 404-463-2912
www.doas.georgia.gov

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GA DOAS SURPLUS PROPERTY APPLICATION FOR ELIGIBILITY

(PLEASE TYPE OR PRINT CLEARLY)

I. ORGANIZATION LEGAL NAME & ADDRESS

NAME OF ORGANIZATION		TELEPHONE #		FAX #
ADDRESS	CITY	STATE	ZIP	COUNTY
EMAIL ADDRESS				

II. BILLING INFORMATION (If different form above)

ADDRESS	CITY	STATE	ZIP

III. APPLICANT STATUS (Check One Only):

	Public Agency including Public Schools
	Nonprofit Organization
	Service Educational Activities

IV. TYPE OR PURPOSE OF ORGANIZATION (Check One Only):

	College		Child Care Center		Program for the Homeless
	Health Center		School for Handicapped		Secondary School
	Radio/TV Station		Museum		Nursing Home (Skilled)
	Health Clinic		Sheltered Workshop		Research Center (Medical)
	Elementary School		Hospital		Program for Impoverished
	Library		Programs for Older Individuals		Volunteer Fire Dept

V. BY SIGNING THIS FORM I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOLLOWING STATEMENTS:

- All Property is "AS IS - WHERE IS." Service charges apply.
- There are no returns or refunds.
- Organization may or may not be eligible for federal and state personal property.
- The organization's eligibility status determines the property that may be purchased.
- All sales are at the discretion of Surplus Property Center Manager.
- This Property MUST be used in the official program for which you applied.
- You may NOT sell, loan, trade or cannibalize property.
- Other restrictions may apply.

DATE SIGNATURE OF AUTHORIZED OFFICIAL TITLE

FOR STATE AGENCY USE

Approved _____ Eligibility Code _____ Disapproved _____

Signature _____ Date _____

RESOLUTION/DESIGNATION OF CERTIFYING OFFICIALS AND PROPERTY SELECTORS

Name of Organization_____

The following named individuals are hereby appointed **certifying officials** with authority to conduct all matters of business pertaining to the acquisition and utilization of Surplus Property acquired through the Georgia State Agency for Support Services Division. They are designated to obligate necessary Donee Organization funds for this purpose and execute Distribution Documents binding the Donee Organization to the terms, conditions reservations and restrictions applying to property obtained through the agency. The list will be updated on a regular basis depending on type of organization. Between update periods, the certifying official is responsible for notifying the State Agency in the event of additions or cancellations to the list. Individuals not listed below will be required to have written authorization from a certifying officer before being admitted to the agency distribution centers.

NAME	TITLE	TELEPHONE

The above listed individuals will assume responsibility for appointing property selectors, insure lawful utilization of property, maintain property records on property received, and assure prompt payment on service charge accounts.

The below listed individuals are designated **property selectors** and have authority to visit and acquire items of property from the Georgia State Agency for Support Services Division. (Use additional pages if needed.)

NAME	POSITION	UNIT

Date_____
CERTIFIED OFFICIAL (PRINT)

Date_____
CERTIFIED OFFICIAL (SIGNATURE)

NON-DISCRIMINATION ASSURANCE

Assurance to be executed by authorized representative of Donee activity prior to receiving donations of Surplus Personal Property from Support Services Agency on and after October 17, 1977.

Assurance of compliance with GSA Regulations under Title VI of the Civil Rights Act of 1984, 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.

_____, hereinafter called the "donee,"
NAME OF ORGANIZATION

hereby 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 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 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 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 gives 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 provisions 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 and the word "Donee" as used herein includes any such successor in interest.

Date_____ BY_____
CERTIFIED OFFICIAL

_____

_____

_____

_____
DONEE MAILING ADDRESS
INCLUDE STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS