



I-A. ORGANIZATION INFORMATION:

1. GENERAL INFORMATION

Name of Organization

Street Address

City

State

Zip

PO Box Number

County

Federal ID Number

Phone Number

Fax Number

Email

2. APPLICANT STATUS - check one (see instructions):

- Public Agency including Public Schools (tax supported) Nonprofit, Tax-exempt Organization

3. APPROVAL, ACCREDITATION AND LICENSING (see instructions)

- No Yes, by: _____

4. SOURCE OF FUNDING - check one and attach supporting documentation

- Tax Supported Grant Contributions Other _____

Has the organization been determined to be tax exempt under Section 501 of the Internal Revenue Code of 1954?

- No Yes (attach a copy of the letter)

5. TYPE OR PURPOSE OF ORGANIZATION - check one (see instructions):

- | | | |
|--|--|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Hospital | <input type="checkbox"/> School District |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Library | <input type="checkbox"/> School for the Physically Disabled |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Medical Institution | <input type="checkbox"/> School for the Mentally Disabled |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Museum | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> County | <input type="checkbox"/> Preschool | <input type="checkbox"/> Sheltered Workshop Training Program |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Program for Older Individuals | <input type="checkbox"/> State |
| <input type="checkbox"/> Health Center | <input type="checkbox"/> Provider of Assistance to Homeless/Impoverished | <input type="checkbox"/> Radio/TV Station |
| <input type="checkbox"/> Other _____ | | |

6. AUTHORIZATION (must be CEO/Director of organization):

Signature of Authorized Official

Date Signed

Name (Type/Print)

Title

I-B. APPLICATION INSTRUCTIONS:

2. APPLICANT STATUS:

Tax supported organizations qualify as a public agency. This includes all city, county and state government offices as well as public schools, public hospitals, etc.

Also included as a public agency is any rural fire department that has obtained its "Certificate of Incorporation" from the Secretary of State's office pursuant to 18 O.S. §594. A copy of the Certificate of Incorporation issued by the Secretary of State must be attached to this application.

Non-profit / tax exempt organizations are not always eligible to qualify for this program. Non-profit / tax exempt organizations must provide an accredited education service (school, including non-profit / tax exempt child day care agency) or be a licensed health facility (clinic, hospital, etc.) to be eligible for the program.

ALL non-profit organizations must provide a written detailed description of the program/service offered by the organization, including a description of facilities it operates.

3. APPROVAL, ACCREDITATION AND LICENSING

- Has the organization been determined to be tax exempt pursuant to the Internal Revenue Code Section 501(c)(3)? If yes, a copy of the determination letter issued by the Internal Revenue Service must be attached.
- If state law requires the organization to be licensed, a current copy of the license must be attached. An updated copy must be submitted each time the license is renewed in order to maintain a current copy on file.
- If the organization is a school that is not listed in the Department of Education's Directory, such as certain private schools, letters from three (3) facilities of higher education which state they will accept the organization's students must be attached.

5. TYPE OR PURPOSE OF ORGANIZATION:

Categories in this section are self-explanatory. Additional information required for clarification includes:

- Museums must meet specific criteria, i.e. employs at least one full time staff member, etc.
- Program for Older Individuals means a program which operates under the Older Americans Act.
- Homeless shelters and/or organizations which provide assistance to the needy. These organizations MUST provide:
 - A letter from a city, county or state official confirming their operation.
 - The approximate number of persons served per month: _____

I-C. PROPERTY DISTRIBUTION DECISION - (FOR PROPERTY DISTRIBUTION USE ONLY.)

Eligible, Donee Code: _____ - _____

Ineligible, explanation: _____

Eligibility Expiration Month: _____ Year: _____ Date Entered into the System _____

Check Code: P N L S D Entered by: _____

Property Distribution Administrator Signature

Date Signed

Name (Type/Print)

II. PROGRAM PARTICIPATION CONDITIONS:

1. COMPLIANCE – By signing a distribution document (invoice), the organization agrees:

- a. To use the surplus property only in the official program which the organization represents; AND
- b. To put the surplus property into use within 12 months and to use it for at least 12 months; AND
- c. To use certain items (such as vehicles) for eighteen (18) months or longer (These items are distinguished by a red compliance stamp on the invoice.); AND
- d. That the organization will not sell, loan, or trade the property, or tear it down for parts, unless such action has PRIOR approval from the Property Distribution Program; AND
- e. To pay applicable fees to the U.S. Government, if the property is not used according to the compliance agreement.

2. ALLOCATION OF PROPERTY TO DONEES:

Mail or deliver the completed DCAM/PROPERTY Form 004 with any required attachments to the Division of Capital Assets Management, Property Distribution Department, 304 S. Miller Place, Oklahoma City, OK 73108. After review of the application, a written of the organization's eligibility will be mailed to the address listed in the application. If the application is incomplete, the organization will receive an explanation letter and instructions as to necessary information required to complete the application for eligibility.

Receipt of the eligibility letter authorizes the organization to use this program. Property stocked in a warehouse and yard may be viewed at your convenience during business hours of 8:00 a.m. to 4:00 p.m. They organization may acquire as much property as needed, as often as needed. However, all items purchased must be relevant to the organization's program/service, e.g. a hospital may not acquire a fire truck.

3. PROCESSING INVOICES:

a. Service Charges:

All property acquired through this program is Federal property. There is a service/handling fee for all items processed by this office. Property Distribution charges are designed to provide items for costs lower than acquiring items from other sources.

b. Payment Authorization

All items are invoiced by the Property Distribution Warehouse Office and must be signed by an authorized person from the approved Donee organization.

A copy of the invoice is given to the authorized person. PLEASE RETURN A COPY OF THE INVOICE WITH PAYMENT. If a copy is not returned, the check or check stub must include the organization's Donee Code and Invoice Number.

c. Method of Payment

Invoices must be paid for with a check imprinted with the name of the approved organization for which the items were invoiced. NO EXCEPTIONS! Cash, money orders, personal checks, etc. are NOT acceptable.

It is acceptable to pay for more than one invoice with one check provided each invoice is for the same Donee organization. The box in the upper left corner of the invoice lists a Donee's assigned Donee code. Multiple Donee codes are NOT acceptable on one check.

AUTHORIZATION (must be CEO/Director of organization):

Signature of Authorized Official

Date Signed

Name (Type/Print)

Title

III. NONDISCRIMINATION ASSURANCE:

NAME OF ORGANIZATION: _____, the undersigned Donee hereby agrees that (a) 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 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 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; (b) this agreement shall be subject in all respects to the provisions of said regulations; (c) the Donee will promptly take, and continue to take, such action as may be necessary to effectuate this agreement; and, (d) the United States shall have the right to seek judicial enforcement of this agreement; and (e) this agreement shall be binding upon any successor in interest.

AUTHORIZATION (Signature of organization CEO/Director required.):

Signature of Authorized Official

Date Signed

Name (Type/Print)

Title

IV. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS:

Federal Executive Order #12549 requires the Oklahoma 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; "contract" 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, Oklahoma Federal Surplus Property, the United States General Services Administrator or any other federal department or agency, such entities 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," "proposal," 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 Oklahoma Federal Surplus Property, the United States General Services Administration or any 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 Contract" without modification, in all covered subcontracts in 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 any other federal department or agency, as applicable, and/or Oklahoma Federal Surplus Property, such entities may pursue available remedies, including suspension and/or debarment.

Indicate in the appropriate space which statement 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 Oklahoma.
- The Applicant Organization is unable to certify to one or more of the terms in this certification, and the Applicant Organization has attached hereto, an explanation for each of the above terms to which it is unable to make certification, and hereby certifies that the contents of the attachments is true and correct .

AUTHORIZATION (Signature of CEO/Director of organization required.)

Signature of Authorized Official

Date Signed

Name (Type/Print)

Title

