



# Department of General Services Warehousing & Distribution (PUD) APPLICANT INFORMATION

## I. LEGAL NAME AND MAILING ADDRESS OF APPLICANT ORGANIZATION

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

\_\_\_\_\_  
*Mailing Address (P.O. Box #, Street, City, State, Zip Code) Name of Organization*

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

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **County** \_\_\_\_\_

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

## II. APPLICANT STATUS (CHECK ONE):

(If designated a Service Educational Activity (SEA) by the Department of Defense, sign Part III and Authorized Representatives, Page 2.)

Public Agency  
 State     County     City     Public Education     Other (Specify) \_\_\_\_\_

Non-profit, Tax Exempt Organization

- A. Must attach narrative description of program or service offered, including a description of facilities operated
  - B. Must attach copy of IRS determination letter of tax-exemption under Section 501 of Internal Revenue Code of 1954
  - C. Must attach proof that organization is accredited, licensed or approved.
  - D. Must provide sources of funding (tax supported, grant, etc.) and attach supporting documentation.
- Education
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> College/University     | <input type="checkbox"/> Secondary School      | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Preschool          |
| <input type="checkbox"/> School for Handicapped | <input type="checkbox"/> School for Retarded   | <input type="checkbox"/> Training Center   | <input type="checkbox"/> Sheltered Workshop |
| <input type="checkbox"/> Radio/TV Station       | <input type="checkbox"/> Other (Specify) _____ |  |   |
- Health
- |  |                                 |                                       |  |
|--|---------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Hospital              | <input type="checkbox"/> Clinic | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Other (Specify) _____ |                                 |                                       |  |
- Provider of Assistance to the Homeless
- Provider of Assistance to the Impoverished
- Program for Older Individuals
- Library
- Museum
- Volunteer Fire/Police Department
- Rescue Squad/Emergency Management Agency/Civil Defense (other than public agency)

## III. RACIAL AND NATIONAL ORIGIN DATA FOR SERVICE AREA (COMPLETE ALL APPLICABLE):

(Information may be obtained from the following website if not known: <http://quickfacts.census.gov/qfd/states/47/47307.html>).

White _____%	Black _____%	Asian _____%
Hispanic _____%	American Indian/Alaskan Native _____%	Other _____%

IV.

_____	_____	_____
<b>Date</b>	<b>Print Name/Title of Organization Official</b>	<b>Signature of Organization Official</b>

FOR STATE AGENCY USER ONLY			
This applicant has been determined:			
as:	<input type="checkbox"/> eligible	<input type="checkbox"/> non-eligible	<input type="checkbox"/> conditionally eligible
	<input type="checkbox"/> public agency	<input type="checkbox"/> non-profit education	<input type="checkbox"/> non-profit health
	<input type="checkbox"/> other (Specify) _____		
Donee ID # _____	Institution Code _____	3040 Code _____	Eligibility Code _____
Signature of State Agency Director/Assistant Director		Date	



**Department of General Services**  
**Warehousing & Distribution (PUD)**  

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**AUTHORIZED REPRESENTATIVES**

**NEW DESIGNATION(S)**  
*(Delete all previous designations)*

**ADDITIONAL DESIGNATION(S) ONLY**  
*(Add to previous authorization)*

The following representatives are designated to:

- A. Represent organization as its authorized agent;
- B. Acquire State and Federal surplus property on behalf of the organization;
- C. Obligate necessary organization funds for this purpose
- D. Execute distribution documents binding the organization to the terms, conditions, reservations, and restrictions applying to property obtained through the agency.
- E. Further delegate this authority to any employee of the organization for the purpose of acquiring surplus property for the use by the organization, (Further delegation must be in the form of a current original, signed letter.)

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>	<u>DRIVER LICENSE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are purchase orders used by your organization? Yes  No  If yes, with what restrictions?

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*I hereby certify that I understand that all authority to acquire property by those listed above ceases at the expiration of my term listed below and must be renewed by the incoming official.*

**SIGNATURE OF ORGANIZATION OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TERM OF OFFICE EXPIRES:** \_\_\_\_\_



## Department of General Services

Warehousing & Distribution (PUD)

### NONDISCRIMINATION ASSURANCE

Assurance to be executed by organization official prior to receiving surplus personal property from the Property Utilization Division.

*Assurance of compliance with GSA Regulations under 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.*

The \_\_\_\_\_ (the donee)  
(Name of Organization)

Agrees that the program for or in connection with which any property is transferred 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 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; Section 303 of the Age Discrimination Act of 1975, as amended; Title IX of the Education amendments of 1972, as amended; and Civil Rights Restoration Act of 1987, to the end that,

No person on the basis of race, color, national origin, sex, age, or handicap if otherwise qualified shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the donee receives assistance from the General Services Administration, and hereby gives assurance to that it will immediately take any measure necessary to effectuate this agreement.

Agrees that it is the sole responsibility of the donee to ensure all donee employees receive annual Title VI training and that said training is documented, maintained, and made available upon request by the General Services Administration or State of Tennessee.

Further, the donee agrees that this agreement obligates the donee for the period during which it retains ownership or possession of property; that the United States shall have the right to seek judicial enforcement of this agreement; and that this agreement is binding upon the donee and its successors, transferees, and assignees.

\_\_\_\_\_  
Signature of Organization Official

\_\_\_\_\_  
Date



**Department of General Services**  
**Warehousing & Distribution (PUD)**

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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY  
AND VOLUNTARY EXCLUSION—LOWER TIER TRANSACTIONS**

This certification is required by the General Services Administration regulations implementing Executive Order 12549-41 CFR 105-68 for all lower tier transactions meeting the requirements stated at 41 CFR 105-68.110.

1. By signing and submitting this proposal, the prospective lower tier participating is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in 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 clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification**

(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.

**NAME OF DONEE APPLICANT:**

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**NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:**

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**SIGNATURE**

**DATE:**

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