

Federal Surplus Property Program
**Application for Eligibility by
State and Public Agency**

Eligibility may be granted to any State Department, Division, Bureau or Agency; any City, Town or County government; or any other governmental entity or public agency established by or pursuant to State Law; and to any Indian Tribe located on a State Reservation: EXCEPT THAT eligibility may not be granted to individual subordinate programs or divisions of a governmental entity where the parent entity has established eligibility.

FOR STATE USE ONLY		
Code Type Donee	County of Location	Donee ID Number
Application Approved by		
Date Approved		

Instructions: ANSWER ALL QUESTIONS AND PROVIDE ALL REQUIRED DOCUMENTARY EVIDENCE OR INFORMATION IN SUPPORT OF APPLICATION. APPLICATION MUST BE SIGNED BY HEAD ELECTED OR APPOINTED OFFICIAL OF APPLICANT ORGANIZATION, OR THE LEGALLY DESIGNATED UNIT HEAD.

1. Legal Name: _____

 Address of applicant public agency: Street: _____
 City, County, Zip: _____

 Telephone: _____ Fax: _____

 Email: _____
2. Select Type of Public Agency:
State: Department Division Bureau Agency
Local Government: County City Town Agency

Other: (specify) _____
3. How was applicant organization established? Pursuant to:
 Local Ordinance or Charter: State Law:

 Other: (specify) _____
4. a. Indicate resident population of area of applicant's jurisdiction: _____
 AND/OR
 b. Number of persons (patients, clients, patrons, inmates etc.) served daily through applicant program(s): _____

5. Total budgeted expenditures of applicant organization for last full fiscal year:

(Designate fiscal year and amount)

6. Indicate sources and amounts of all operating funds last full fiscal year.

A. Local Tax Funds: _____

State Aid: _____

Federal Aid: _____

B. Other: _____

(Describe and provide amounts)

7. Indicate total budget for current fiscal year: _____

8. A. Indicate any program area(s) of applicants organization requiring State charter, licensing, approval or accreditation: (Specify program area and authority)

B. Submit documentary evidence of any of above, in form of photostat copy attached to this application.

9. If other than a State Department, State College, public school district; or county, city or town government: applicant must submit as an attachment to this application, a full description of the size and scope of applicant's program(s), number of persons, pupils, patients, inmates or clients served, sources and amount of operating funds, annual budget, program objectives and any other information to support this application.

10. All applicants must include as supplements to this application, a listing or statement as to general property items or special items needed by the applicants programs.

I CERTIFY THAT THE INFORMATION STATED HEREIN, AND THE SUPPORTING INFORMATION ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature of the Head Administrative Official)

(Typed Name and Title)

(Date)

Submit with [Participation Agreement](#), [Certifications and Agreement](#), [Non-Discrimination Assurance Statement](#), and [Debarment](#) forms.