



NEBRASKA FEDERAL SURPLUS PROPERTY

Department of Correctional Services
2700 W. Van Dorn, P.O. Box 94661
Lincoln, NE 68509-4661
Ph: 402-471-2677 Fax: 402-471-2769

Donee ID Number

Empty box for Donee ID Number

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 (PO Box #, Street, City, State & Zip Code) County

Street Address/Geographic Location (If different than mailing address)

Telephone# Fax# E-Mail Address

II. APPLICANT STATUS (Check One):

() Public Agency (incl. Public School Districts) () Nonprofit, Tax Exempt Organization

III. TYPE OR PURPOSE OF ORGANIZATION:

- () State () Child Care Center () School for Students () Program funded for Older Americans
() County () Preschool with Disabilities
() City () School District () Hospital () Workshop/Training Program
() Museum () Elementary School () Medical Institution
() Library () Secondary School () Clinic () Provider of Assistance to Homeless/Impoverished
() Radio/TV Station () College or Univ. () Health Center
() Other (specify)

IV. PROVIDE THE RNO (Race and National Origin) PROFILE OF YOUR SERVICE AREA.

V. PROVIDE A WRITTEN DESCRIPTION OF PROGRAM OR SERVICES OFFERED INCLUDING A DESCRIPTION OF FACILITIES OPERATED. (Copy Required)

VI. SOURCES OF FUNDING (Attach Supporting Documentation): () Tax Supported () Grant () Contributions () Other:

VII. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: (Copy Required)

VIII. HAS ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? BY WHAT AUTHORITY? (Copy Required)

IX. Date Signature of Authorized Official

FOR STATE AGENCY USE ONLY

The applicant has been determined as: () eligible () ineligible
() public agency () nonprofit education () nonprofit health () homeless/impovertished provider

Date SASP Approval Signature

Eligibility expires: Date

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Nondiscrimination Assurance

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

Mailing Address (PO Box #, Street, City, State & Zip Code) County

Street Address/Geographic Location (If different than mailing address)

Telephone#

Fax#

E-Mail Address

_____, the donee,
(Name of Organization)

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 an 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.F.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 the word "donee" as used herein includes any such successor in interest.

Date

Signature of Authorized Official

Title

Nebraska Federal Surplus Property
Department of Correctional Services
2700 W. Van Dorn, P.O. Box 94661
Lincoln, NE 68509-4661
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Authorized Representatives

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

_____ *County*
Mailing Address (PO Box #, Street, City, State & Zip Code)

Street Address/Geographic Location (If different than mailing address)

_____ *E-Mail Address*
Telephone# _____ *Fax#*

II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO :

Acquire Federal Surplus Property; and

Obligate necessary funds for this purpose; and

Execute Distribution Documents agreeing to terms, conditions, reservations
and restrictions applying to property obtained through the Agency.

III. _____ NEW DESIGNATIONS _____ ADDITIONAL DESIGNATIONS
(Delete all representatives previously authorized) (Add to previous list of representatives)

IV. REPRESENTATIVES

Name - Type or Print Clearly Please Title Signature (Required)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. CERTIFICATION

_____ *Date* _____ *Signature of Authorized Official* _____ *Title*

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
FOR COVERED CONTRACTS**

Federal Executive Order 12549 requires the Nebraska 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, Nebraska Federal Surplus Property, the United States General Services Administration or other federal department or agency 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,” 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 Nebraska Federal Surplus Property, the United States General Services Administration or 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 Contracts” without modification, in all covered subcontracts is 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 other federal department or agency, as applicable, and/or Nebraska Federal Surplus Property may pursue available remedies, including suspension and/or debarment.

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

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 Nebraska.

Name of Applicant Organization

Sign/Title of Authorized Official

Date

DCS-Z-adm-008