

Instructions for Completing Eligibility Forms

Please complete all blanks requiring information. If you fail to do this, it will result in delays for establishing your eligibility. If you have questions or need assistance in filling out the forms, contact Carla Jeannette at 503-378-2753 or email at carla.jeannette@das.oregon.gov. Please note: the application is fillable, but cannot be submitted electronically. For best results, please print/scan/email, or follow directions at the bottom of page 3 to save and send as a PDF attachment.

- Complete section I.
- In section II, choose one primary agency/business/organization type.
- In section III, list names and contact information for the people authorized to come in and sign for property for your agency/business/organization.
- Section IV explains the Terms and Conditions.
- Section V explains Non-discrimination Assurance.
- Section VI Certification Regarding Debarment, Suspension, and Other responsibility matters.
- Section VII Certifications and Agreements.
- The agreement must be signed by an authorized official (i.e., mayor, commissioner, owner, executive director).
- Include all supporting documents by agency/business/organization type:

[Public checklist](#) [Nonprofit checklist](#) [SBA, SEA, VSO and VOSB checklist](#)
- Make a copy of the application for your records.
- **Return the completed application (3 pages) and the supporting documents via scan/email (preferred), hand delivery, fax or mail to:**



State of Oregon
State and Federal Surplus Property Program
1655 Salem Industrial Drive NE
Salem, OR 97301
Attn: Carla Jeannette
carla.jeannette@das.oregon.gov
Phone 503-378-2753, fax 503-378-8558



Oregon

Tina Kotek, Governor

Department of Administrative Services

Enterprise Asset Management - Surplus Property Distribution Center

1655 Salem Industrial Drive NE

Salem, Oregon 97301

PHONE: 503-378-6020

FAX: 503-378-8558

APPLICATION FOR ELIGIBILITY

Section I

Legal Name of Applicant Organization: _____

Address (Street Address AND applicable P.O. Box; _____
Street Address

P.O. Box	City	State	ZIP Code	County	EIN (Tax ID)
----------	------	-------	----------	--------	--------------

Primary Contact	Title	Email
-----------------	-------	-------

Phone number w/Area Code	FAX number w/Area Code	Website
--------------------------	------------------------	---------

Section II

Please choose **one** among the following (Public agency, nonprofit organization, SEA, VSO, VOSB, or SBA) which **best** describes your entity:

Public tax supported agencies: [Click this link to view the list of public tax supported agencies.](#)

City, county or state government

Fire dept./Rescue squads

Special district

Education: Pre-K, K-12, college/university

Nonprofit organizations: [Click this link to view the list of nonprofit organizations.](#)

Education: Pre-K, K-12, college/university, school for disabled persons, museum, library, radio stations.

Provider of assistance to the impoverished/homeless/or older Americans.

Public health: Medical clinic/hospital, alcohol/drug treatment center, child/adult daycare.

Other:

Small Business Administration (SBA) activity: Please see the webpage here for organizations that are designated by SBA as 8a Business Development (BD) activities.

Service Educational Activity (SEA): Please see the webpage here for a complete listing of qualified organizations.

Veteran Owned Small Business (VOSB): These are businesses that have been certified by the Small Business Administration (SBA). Click on this link for more information.

Veteran Service Organization (VSO): Click on this link for a complete listing of Veteran Service Organizations.

Section III: Authorized Signers

Send Invoices to (Name/Title):	I Authorize Purchases By Anyone In My Agency That Holds: <div> <div>Business Credit Card</div> <div>Purchase Order</div> <div>Either</div> </div> or SPOTS card		
Phone Number and email address:			
Name #1 Add Keep Delete	Email Address		
Title	Phone Number		
Name #2 Add Keep Delete	Email Address		
Title	Phone Number		
Name #3 Add Keep Delete	Email Address		
Title	Phone Number		
Name #4 Add Keep Delete	Email Address		
Title	Phone Number		
Name #5 Add Keep Delete	Email Address		
Title	Phone Number		

Add additional signer sheets if needed, located here:

<https://www.oregon.gov/das/Surplus/Documents/changeauthorized.pdf>

Section IV: Terms and Conditions of Distribution

You AGREE to the following when signing your name to a Distribution Document / Invoice:

- To use the surplus property only in the official program you represent
- To use the surplus property for its intended purpose
- To put the surplus property into use within one year and to use it for at least one year
- To use certain items for 18 months or longer*
- To not sell the property, lend it, trade it, or tear it down for parts unless given prior written permission
- To not permanently remove the property for use outside the state
- To not store property at a personal residence without prior written authorization
- To return property that is still under restriction but is no longer needed
- To pay the U.S. Government for the property if not used according to the terms and conditions specified on the distribution document.

In short, the surplus property must be used in an authorized program. Personal or non-use of surplus property is prohibited. Permission must be received before selling, trading or cannibalizing the property. Understand your obligations by reading the back of your Distribution Document/Invoice.

*Property that has an original acquisition cost of \$5,000 or more and passenger motor vehicles regardless of acquisition cost are items that would fall under this restriction. Utilization reports will be mailed to you for completion every six months until the use requirement is met. Any authorized representative can complete this form if they have the necessary information. If you need assistance with these reports, contact the Federal Property Coordinator at 503-378-6051.

Return Policy:

Property returned within 30 days from acquisition = Full Credit
Property returned 31-60 days from acquisition = Half Credit
No credit will be given for property returned after 60 days

Compliance Periods

12 Month- Items with an original acquisition of \$5000 or less must be put into use within one year, and kept for one year. The latter begins when the property is put into use.

18 Month- Items with an original acquisition of \$5000 and over must be put into use within one year, and kept for 18 months. The latter begins when the property is put into use.

60 Month- For aircraft or vessels 50 feet or longer must be put into use within one year, and kept for 60 months. The latter begins when the property is put into use.

Perpetuity- Items must be put into use within 1 year, but cannot be owned. When usage is complete, it must be returned to the federal government (Example: Military aircraft on static display at an aviation museum).

To view the Code of Federal Regulations as it pertains to the Federal Donation Property, [click on this link](https://www.ecfr.gov/current/title-41/subtitle-C/chapter-102/subchapter-B/part-102-37#page-top), or copy/paste the following web address <https://www.ecfr.gov/current/title-41/subtitle-C/chapter-102/subchapter-B/part-102-37#page-top> into your browser. This will take you to the federal government website, where they provide a "Frequently Asked Question" section that answers most any question one might have regarding this program.

Section V: Nondiscrimination Assurance Statement

Assurance and 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 Service Act of 1949, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and Section 303 of the Age Discrimination Act of 1975.

Hereinafter called the "Donee", 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 provide services or benefits under said program to comply with all requirements imposed by or pursuant to the regulation of the General Service Administration (41 CFR 101.6-2, PR 101-8) issued under the provisions of Title VI of the Civil Rights Act of 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 grounds of race, color, national origin, sex or age, or that no person with disabilities shall solely by reason of their disability, be excluded from participation in or be denied the benefits of, or be subject to discrimination under any program or activity for which the Donee receives Federal Assistance from the General Services Administration. The Donee hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

Section VI: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency
 - (b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by Governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
 - (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, state, or local) terminated for cause of default.
- (2) Where the prospective prima participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

My signature below represents that I have read and understand all of the information contained in this application, including information contained by accessing web pages via links provided above. My signature below represents that I have accurately completed this form to the best of my ability and that my agency, organization, business and representatives will abide by the aforementioned agreements, certifications, assurances and statements, rules and laws.

Signature and Title of Applicant's Authorized Official (i.e., Mayor, Commissioner, Owner, Executive Director, etc.)

Date (MM/DD/YYYY)

Print name of Applicant's Authorized Official (i.e., Mayor, Commissioner, Owner, Executive Director, etc.)

Note: To send this application by email/send as an attachment, press the "Print" button on your browser, and select "Adobe PDF" or "Microsoft Print to PDF" from the drop down menu to save a completed copy of this application to a file location on your computer.