



Mississippi Office of Surplus Property
 P. O. Box 5778, Jackson, MS 39288
 TEL: 601-939-2050
 FAX: 601-939-4505

APPLICATION FOR ELIGIBILITY FOR FEDERAL
 PROPERTY DONATION PROGRAM
 To Receive Federal Surplus Property
 (41 CFR 101-44.207)
 Director's Approval: _____
 Date Approved: _____

I. Legal Name and Mailing Address of Organization (Donee):

Name of Organization: Madison County Board of Supervisors

Mailing Address: P.O. Box 4008 Canton, MS 39044

Email Address: Kesha.Buckner@madison-co.com

If P.O. Box or Route, give street address/location of facility: 1446 West Center Street
 Canton, MS 39044

County: Madison Federal ID Number: _____

Telephone No.: (601) 855-5500 FAX No.: (601) 859-5875

II. Donee Status (See Page 2, Item IV.) YOU MUST CHECK ONE:

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

III. Type or Purpose of Organization:

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

Other (specify) _____

RESOLUTION

"Be it resolved by the Governing Board, or Chief Administrative Officer, and hereby ordered that the official whose name, title and signature are listed below shall be and is hereby authorized as our representative to acquire Surplus Property from the State of Mississippi Office of Surplus Property under the Terms and Conditions specified in the Certifications and Agreements." This representative will be our "Contact Person" for all issues regarding this account.

Kesha Buckner Purchase Clerk Kesha Buckner
 Contact Person Title Signature

Signature of Authorized Official: _____ Date: _____
 (Must be CEO/Director of organization)

Print / Type Name: _____ Title: _____

IV. Donee Status:

Tax supported organizations qualify as a public agency. This includes all cities, counties and state government offices. Also, public schools, public hospitals, etc.

Also included as a public agency is any rural fire department which has obtained its "Certificate of Incorporation" from the Secretary of State's Office of Mississippi. Rural, volunteer fire departments **MUST** attach a copy of the "Certificate of Incorporation" from the Secretary of State's Office, letter from County Coordinator stating amount received from tax mil and a letter stating one year's training classes for each month.

Non-profit / tax exempt organizations are not always eligible to qualify for this program. Only certain nonprofit / tax exempt organizations are eligible. An organization must provide an accredited education service (school, including non-profit / tax exempt daycares) or be a licensed health facility (clinic, hospital, etc.).

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 is a beneficial help to the area **AND THE APPROXIMATE NUMBER OF PERSONS SERVED PER MONTH** _____.

Museums which meet specific criteria (at least one full time staff member, open to public no less than 1,000 hours per year); and programs which operate under the Older Americans Act.

If you have any questions as to your eligibility feel free to call this office at 601-939-2050.

V. All organizations applying as NON-PROFIT must provide a written description of their program/services offered, including a description of the facility

VI. Source 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? Letter must have same name and address as shown on this application.

No Yes (attach a copy of the letter)

VIII. Is the Donee organization approved, accredited, or licensed?

By what authority? _____
(attach a copy)

If, by state law, your organization must be licensed, you must provide us with a current copy of your license and update this copy with us every time it expires.

If you are a school and not listed in the Department of Education's Directory such as some private schools, you must provide us with letters from three (3) facilities of higher education which state that they will accept your students.

Signature of Authorized Official: _____ **Date:** _____

COMPLIANCE INFORMATION:

What you will agree to when you sign your distribution document (Invoice):

You agree to use the surplus property only in the official program which you represent; AND

You agree to put the surplus property into use within 12 months and to use it for at least 12 months; AND

You agree 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

You agree that you will not sell the property, loan it, trade it, or tear it down for parts unless this Office gives you permission prior to you doing so; AND

You agree to pay the U.S. Government if you do not use the property according to signed agreement.

HOW PROPERTY IS ALLOCATED TO DONEES:

After completing these forms mail all back to this office, with the necessary documentation. You will be sent a letter or email as to your status. If eligible your letter will confirm eligibility, if not eligible you will receive a letter explaining why, and/or giving you the opportunity to provide additional information.

Once you receive the letter that your organization is approved you may use this program. We have a stocked warehouse and yard for your convenience. You may acquire as much property as you need as often as you like, however, the items you obtain must work with your program function. For example, a hospital would not be allowed to acquire an armored personnel carrier.

INVOICES:

There is a service charge/handling fee for all items processed through this office. This Service Charge will be a small percentage of the original acquisition cost.

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

The pink copy of the invoice is given to the authorized person and the blue copy is mailed the next day for payment. PLEASE RETURN THE BLUE COPY/OR COPY WITH PAYMENTS. If this is not possible, the check or check stub must include your Donee Code and Invoice Number. This will insure accurate credit to account.

PAYMENT OF INVOICES (SERVICE CHARGES):

Invoices must be paid for with a check imprinted with the name of the approved organization for which the items were invoiced. NO EXCEPTIONS! This means no cash, no money orders, no personal checks, etc.

Though it is acceptable to pay for more than one invoice per check, these invoices must all be for the same Donee organization. There is a box in the upper left corner of the invoice which shows a Donee's assigned Donee code. Checks must be for only one (1) Donee code.

Signature of
Authorized Official: _____ Date: _____

NONDISCRIMINATION ASSURANCE

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 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 Amendment 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 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 Administration; and hereby gives assurance that it will immediately take any measures necessary to effectuate the agreement.

Signature of
Authorized Official: _____ **Date:** _____

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

State Plan of Operation requires the Mississippi Office 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, Mississippi Office of Surplus Property, the United States General Services Administrator or any 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," "proposal," and "voluntarily excluded," as used in this certification have meanings based upon material in the State Plan of Operation of Mississippi Office of Surplus Property.
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 Mississippi Office of 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 contract 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 may pursue available remedies, including suspension and/or debarment.

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

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, agency or by the State of Mississippi.

The applicant organization is unable to certify to one or more of the terms in this certification, and the Applicant Organization must attach an explanation for each of the above terms to which they are unable to make certification. Attach the explanation(s) to this certification.

Signature of
Authorized Official: _____ Date: _____

AUTHORIZED REPRESENTATIVES

I. Who to Authorize:

Any person listed below will be recognized as a representative of the applicant organization with the authority to sign for and pick up property. The applicant organization agrees to pay for all invoices signed by those listed and be held liable for property being used as the program requires.

At any time this list may be changed (persons added or deleted) with a letter on applicant letterhead signed by the authorized official you have noted on these forms. This letter can be mailed, faxed or hand delivered.

Please note that the changes must be in writing, on letterhead and signed by the "authorized official" not by one of the "representatives."

II. Representatives:

Name (Print/type)	Title and Email address	Signature
<u>Kesha Buckner</u>	<u>Purchase Clerk Kesha.Buckner@madison-co.com</u>	<u>Kesha Buckner</u>
<u>Shelton Vance</u>	<u>County Administrator shelton.vance@madison-co.com</u>	<u>Shelton Vance</u>
<u>Danny Lee</u>	<u>Building & Grounds, Director Danny.Lee@madison-co.com</u>	<u>Danny Lee signed by Kesha Buckner</u>
<u>David Williams</u>		

Purchase orders will be honored if required by the organization.
(Check this box if your organization requires a Purchase Order for any property received through this program.)

Signature of Authorized Official: _____ Date: _____