

RENEWAL

APPLICATION FOR ELIGIBILITY
FEDERAL PROPERTY UTILIZATION PROGRAM
UNDER P.L. 94-519

Dept. of General Services
Federal Surplus Property
1655 Salem Industrial Dr. NE
Salem, OR 97310
378-4714

AUTHORIZATION OF PARTICIPANTS

Executive No. KA0090
Aurora, city of

RESOLUTION NO. 194

"BE IT RESOLVED by the Governing Board, OR by the Chief Administrative Officer of those organizations which do not have a governing board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) is (are) listed below shall be and is (are) hereby authorized as our representative(s) to acquire federal surplus property from the Oregon State Agency for Surplus Property under the Terms and Conditions listed on the reverse side of this form."

NAME (Print or Type)	TITLE	SIGNATURE
Richard A. Johnson	Public Works Superintendent	<i>Richard Johnson</i>
Loren L. Lindsay	Police	<i>Loren L. Lindsay</i>
Janice N. Vlcek	City Recorder	<i>Janice N. Vlcek</i>
Gaylle Gregory	City Clerk	<i>Gaylle Gregory</i>

PASSED AND ADOPTED this 24th day of April, 1990, by the Governing Board of the City of Aurora

I, Janice N. Vlcek, Clerk of the Governing Board of the City of Aurora

do hereby certify that the foregoing is a full, true and correct copy of a resolution adopted by the Board at a regular meeting thereof held at its regular place of meeting at the date and by the vote above stated, which resolution is on file in the office of the Board.

City of Aurora
Name of organization
P.O. Box 100
Mailing address
Aurora, Oregon 97002-0100
City County ZIP Code

Janice N. Vlcek

[Signed] Susan E. Engels
(Legally Authorized Official)
Mayor

OR
AUTHORIZED this _____ day of _____, 19____, by:
Name of chief administrative officer Title

Name of organization
Mailing address
City County ZIP Code
[Signed] _____
(Legally Authorized Official)

FOR STATE AGENCY USE

- Applicant is approved as a:
 - Public Agency
 - Nonprofit Educational Institution
 - Nonprofit Public Health Institution
- Applicant is not approved:
 - Comment: _____

Date _____ State Agency Approving Officer _____