#### **AUTHORIZATION OF PARTICIPANTS**

## RESOLUTION

No. 145

"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) in (are) listed below shall be and in (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)	TITL	E	SIGNATURE
Janice N. Vlcek	City Recor	der	Janier n. Olcak
Richard Johnson	Public Wor	ks Supt.	Richard Johnson
Kim Wallis	Police Chief		for Wall.
DASSED AND ADOPTED this	10th day of Fe	ebruary	, 19_87, by the Governing Board
of the City of			
)			
1, Janice N. Vlc	ek		, Clerk of the Governing Board of
Aurora		lo hereby certif	y that the foregoing is a full, true and
correct copy of a resolution adopted place of meeting at the date and be Board.	ed by the Board a y the vote above :	t a <u>resular</u> stated, which re	meeting thereof held at its regular esolution is on file in the office of the
CITY OF AURORA  Name of organization			
PO Box 100, Aurora, OR Mailing address	97002		/ 0
manning wooden		Signed	to
City County	ZIP Code		orized Official) (Mayor)
OR			_
AUTHORIZED thisd	ay of		, 19, by:
Name of chief administrative	officer	M-14	Title
Name of organization			
Mailing address		rc: anodi	
City County	ZIP Code	[Signed] (Legally Auti	norized Official)

# Instructions for Eligibility Applications

#### A. Instructions Applicable Only to Certain Specified Applicants

- 1. If the applicant is a school, college, or university lacking evidence of formal approval or accreditation, the following type of information may be accepted in lieu thereof: a letter from a school district governing board or the State Board of Education or similar authority stating that the institution meets the academic or instructional standards prescribed for public schools, colleges, or universities in the state or that students will be accepted for transfer to accredited or approved institutions at the same academic level; OR a minimum of three letters from accredited or approved institutions to the effect that students from the applicant institution have been and are accepted as if coming from an accredited or approved institution.
- 2. If the applicant is a school for the mentally or physically handicapped, the application must include a copy of a certificate or other evidence that the facility meets the state and local health and safety standards. Give data on length of school day, week, and year and the number and qualifications of staff.
- 3. If the applicant is an educational radio or educational television station, the application must be accompanied by a copy of the FCC license to operate exclusively for noncommercial educational purposes.
- 4. If the applicant is a private, nonprofit library, the application must include a statement from the governing body that the library serves free all residents of the community.
- 5. If the applicant is a medical institution lacking evidence of formal approval, accreditation, or licensing, the application must include a letter from a city, county, state, or federal health authority stating that the institution is approved by that authority. A licensing authority will be accepted as evidence of approval only when the licensing authority prescribes the medical requirements and standards for the professional and technical services of the institution.

#### B. Instructions Applicable to All Applicants

- 1. Public Law 94-519 mandates that surplus personal property be distributed in a fair and equitable manner based on the relative needs and resources of interested eligible agencies and organizations and their abilities to utilize the property. To assist the state agency in complying with this requirement, enclose a statement with the application providing information relating to the following:
  - a. Source of funds, such as tax revenues, federal or state grants, tuition or service charges, and donations or contributions
  - b. Economic condition of the agency or organization, including any extraordinary economic problems
  - c. Availability of funds and facilities to repair or renovate the property and maintain the property in use
  - d. General description of the nature and types of property needed for use in the program or activities

Jept. of General Services Federal Surplus Property 1655 Salem Industrial Dr. N.E. Salem, OR 97310 378-4714

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

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Executive	No.	

	al Name of Applicant: CITY OF				
Mai	ling Address: PO Box 100		1	_ Zip Code	97002
Loc	ation: 21400 Main St NE		Aurora	County	Marion
1. 4	Application is made: a as a P	ublic Agenc	v	Phone: 67	78-1283
	b as a exempt determination under Section	Nonprofit 501 of the	Educational or Public He Internal Revenue Code of	alth Institution 1954)	n (attach copy of Tax
2. 1	Applicant is a: (See definitions)				
	a State Agency bX Local Government	g	<ul> <li>School for the Physically Handicapped</li> </ul>		Child Care Center Hospital
	c School	h	_ Educational Radio		- Health Center
	d College e University		Station	O	
	f School for the		_ Educational TV Station	р	Other (Specify):
	Mentally Retarded		_ Library _ Museum		
3. S	ource of funds: a. X Taxes or PublOther (Describe)	ic Funds	b Grants and/o	or Contribution	ıs
4. A	applicant is: a Accredited b (Attach documentary evi	Ap	proved c Licens tantiating Approval or Lice	ed	
5. V	When not obvious from institutions			,	
а	When not obvious from institution's name.  If a <u>Public Agency</u> , details of public public in the <u>Nonprofit Educational</u> , details to in the <u>Number and applification</u> .	program fur iclude grade	narrative to provide: actions, activities, and/or fa	cilities.	day, weeks, and yea
b	When not obvious from institution's name.  If a Public Agency, details of public public in the interest of the	program funclude grade e and part- of services	narrative to provide: nctions, activities, and/or faces taught, enrollment, lengtime staff, and facilities of	cilities. gth of school perated or pro	grams conducted.
a b c.	. If a <u>Public Agency</u> , details of public public in . If <u>Nonprofit Educational</u> , details to in number and qualifications of full-time. If <u>Nonprofit Public Health</u> , details of	program funclude grade e and part- of services	narrative to provide: nctions, activities, and/or faces taught, enrollment, lengtime staff, and facilities of	cilities. gth of school perated or pro where applica ities operated,	grams conducted.
a b c.	If a Public Agency, details of public public in Nonprofit Educational, details to in number and qualifications of full-time.  If Nonprofit Public Health, details of physicians, number of registered nurse.	program funclude grade e and part- of services	narrative to provide: nctions, activities, and/or facts taught, enrollment, lengtime staff, and facilities of offered, number of beds professional staff, and facilities.  Signed	cilities. gth of school perated or pro where applica ities operated,	grams conducted.
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b. c. Date Attac	If a Public Agency, details of public public in number and qualifications of full-time.  If Nonprofit Public Health, details of physicians, number of registered nurse physicians.  Chments: (As required)  Assurance of Compliance with	program funclude grade e and part- of services ses, other p	narrative to provide: nctions, activities, and/or faces taught, enrollment, lengtime staff, and facilities of offered, number of beds professional staff, and facilities.  Signed  Title (Legally Authorize)	cilities. gth of school perated or pro where applica ities operated,	grams conducted.
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Date  Attac  1. 2. 3. 4. 5.	If a Public Agency, details of public public in Nonprofit Educational, details to in number and qualifications of full-time.  If Nonprofit Public Health, details of physicians, number of registered nurse physicians, number of registered nurse physicians, number of physicians, number of registered nurse physicians, number of registered nurse physicians, number of physicians, number of registered nurse phys	program functude grade e and part- of services ses, other p  Nondiscrim frequired) t under Section or lices	narrative to provide: nctions, activities, and/or factions, activities, and/or faces taught, enrollment, lengtime staff, and facilities of offered, number of beds professional staff, and facilities.  Signed  Title (Legally Authorize dination)  tion 501 of IRS Code) using (if required)	cilities. gth of school perated or pro where applica ities operated,	grams conducted.
Date  Attac  1. 2. 3. 4. 5.	If a Public Agency, details of public public in Nonprofit Educational, details to in number and qualifications of full-time.  If Nonprofit Public Health, details of physicians, number of registered nurse physicians, number of registered nurse.  Assurance of Compliance with Authorization of participants Narrative program description (if IRS determination (if nonprofit Evidence of approval, accreditate population is approved as a: Public.	program functude grade e and part- of services ses, other p  Nondiscrim frequired) t under Section or lices  FOR STATA	narrative to provide: nctions, activities, and/or factions, activities, and/or faces taught, enrollment, lengtime staff, and facilities of offered, number of beds professional staff, and facilities.  Signed  Title (Legally Authorized)  tion 501 of IRS Code) nsing (if required)  TE AGENCY USE	cilities. gth of school perated or pro where applica ities operated,	grams conducted.
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ASSURANCE OF 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 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, AND SECTION 303 OF THE AGE DISCRIMINATION ACT OF 1975.

HEREBY 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

(hereinafter called the "donee")

CITY OF AURORA

(Name of donee)

legal entity) who through contractual or other arrangem benefits under said program to comply with, all requires General Services Administration (41 CFR 101-6.2) issu Act of 1964, Section 606 of Title VI of the Federal amended, Section 504 of the Rehabilitation Act of 1973, 1972, as amended, and Section 303 of the Age Discrim United States shall on the ground of race, color, national handicapped person shall solely by reason of the hand benefits of, or be subjected to discrimination under any passistance from the General Services Administration; a immediately take any measures necessary to effectuate	ments imposed by or pursuant to the regulations of the ed under the provisions of Title VI of the Civil Rights Property and Administrative Services Act of 1949, as as amended, Title IX of the Education Amendments of sination Act of 1975, to the end that no person in the onal origin, sex, or age, or that no otherwise qualified ticap, be excluded from participation in, be denied the program or activity for which the donee received Federal and HEREBY GIVES ASSURANCE THAT it will
The donee further agrees that this agreement shall be su that this agreement shall obligate the donee for the per any such property; that the United States shall have the and, this agreement shall be binding upon any successor herein includes any such successor in interest.	riod during which it retains ownership of possession of he right to seek judicial enforcement of this agreement;
Dated 7.0.10, 1987	City ofAurora
, , , , , , , , , , , , , , , , , , , ,	Donee
	BY (President/Chairman of the Board or comparable authorized official)
21400 Main St NE	
P0 Box 100	
Aurora, OR 97002	