

<b>AUTHORIZATION AND UPDATE FOR ELIGIBILITY RECERTIFICATION &amp; RECORDS UPDATE</b> <b>FEDERAL SURPLUS PROPERTY PGM.</b> (Please Type all information)	<b>STATE OF ARIZONA</b> <b>SURPLUS PROPERTY MANAGEMENT OFFICE</b> 1537 W. Jackson Street, Phoenix, AZ 85007 <b>Tel.: (602) 542-5701 Fax: (602)379-4929</b>		<b>(AGENCY USE ONLY)</b> DATE FORM SENT DONEE NO. <i>0231A</i>
	RECORD/CRT UPDATE	PERSON UPDATING RECORDS (AGENCY USE ONLY)	
	PUBLIC AGENCY OR LEGAL ORGANIZATION NAME <i>Gila County</i>		PHONE NO. <i>928-425-3231</i>
FACILITY ADDRESS <i>1400 E Ash St</i>		FAX NO. <i>928-425-7056</i>	
MAILING ADDRESS <i>1400 E Ash St, Globe, AZ 85501</i>		CITY/STATE/ZIP CODE <i>Globe, AZ 85501</i>	
PERSON'S NAME AND EMAIL ADDRESS COMPLETING THIS FORM <i>Shannon Bover, shoyer@co.gila.az.us</i>		TITLE <i>Executive Administrative Assistant</i>	

**INSTRUCTIONS:** This form is required for recertification, records update and a current list of authorized signers.

**1. REQUIREMENT OF THE BOARD RESOLUTION OR WRITTEN AUTHORIZATION:**

If a board resolution is not required to designate representatives as authorized signers for government surplus property, then by written authorization, the authorized official with the title of President, Board Chairperson, Mayor, State Agency Director, or a comparable authority an executive head of your organization may designate authorized signers on this form.

The signature of the appropriate authorized official does hereby attest authority given their authorized signers to execute the State Agency Distribution Document Invoice of Terms and Conditions established by this office and The General Services Administration: including the authority to obligate funds for the purchase of government surplus property.

AUTHORIZED OFFICIAL <i>Michael A. Pastor</i>	TITLE <i>Chairman</i>
SIGNATURE	DATE

**2. (ALL) AUTHORIZED SIGNERS FOR GOVERNMENT SURPLUS PROPERTY:** (PREVIOUSLY LISTED NAMES NOT RELISTED WILL BE DELETED)

NAME	TITLE	SIGNATURE	EMAIL ADDRESS
Steve Stratton	Public Works Director	<i>Steve Stratton</i>	sstratton@co.gila.az.us
Steve Sanders	Pl Deputy Director	<i>Steve Sanders</i>	ssanders@co.gila.az.us
Brent Cline	Roads Shop Manager	<i>Brent Cline</i>	bcline@co.gila.az.us
John Root	Flt Equip Maint Supv	<i>John Root</i>	jroot@co.gila.az.us

I would like to retain our original authorized signers listed in our latest Authorization and Update Form and only add additional authorized signers(s).

New or additional authorized signers exceed the space provided in this form, I have attached an addendum list.

**3. REQUEST FOR INFORMATION AND/OR DOCUMENTS:**

NO  YES A. If information and/or documents are required to accompany this form the "YES" box will be checked. If Yes, refer to the enclosed instruction form.

NO  YES B. Does your agency or organization require a purchase order to obtain surplus property?

NO  YES C. Has your agency added satellite or group homes, or other educational or health programs since your last update to this office? If "YES" contact the eligibility section. Also, you will be required to submit current license of your added extension facility and provide a complete detail narrative of your facility and added programs.

D. Please list below the names and phone numbers of persons this office may contact for the following:

1. BILLING PROBLEMS <i>Jeremy Thurman 928-402-4218</i>	3. UPDATING INFORMATION <i>Valrie Bejarano 928-402-8612</i>
2. COMPLIANCE VISIT <i>Joe Heatherly 928-402-8743</i>	4. OTHER (DESCRIBE) <i>Steve Stratton 928-402-8501</i>

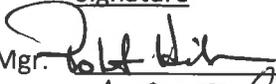
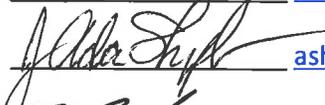
If you would like certain persons within your organization to receive our Surplus Shopper, ADOT Vehicle Sales, and Surplus Public Auctions, please list their name, title and complete facility address:

1. NAME/TITLE/ADDRESS <i>Brent Cline, 1400 E Ash St, Globe, AZ 85501</i>	3. NAME/TITLE/ADDRESS <i>Adam Shepherd, 1400 E Ash St, Globe, AZ 85501</i>
2. NAME/TITLE/ADDRESS <i>John Root, 1400 E Ash St, Globe, AZ 85501</i>	4. NAME/TITLE/ADDRESS <i>Mike Johnson, 1400 E Ash St, Globe, AZ 85501</i>

Forward the completed form to the attention of the Eligibility Section. If you have questions, phone (602) 542-5701.

STATE OF ARIZONA SURPLUS PROPERTY MANAGEMENT OFFICE

ADDITIONAL AUTHORIZED SIGNERS FOR GOVERNMENT SURPLUS PROPERTY FOR GILA COUNTY

<u>Name</u>	<u>Title</u>	<u>Signature</u>	<u>E-mail Address</u>
Robert Hickman	Facilities Mgr.		<a href="mailto:rhickman@co.gila.az.us">rhickman@co.gila.az.us</a>
Adam Shepherd	Under Sheriff		<a href="mailto:ashepher@co.gila.az.us">ashepher@co.gila.az.us</a>
Mike Johnson	Lieutenant		<a href="mailto:mjohnson@co.gila.az.us">mjohnson@co.gila.az.us</a>

PLEASE REMOVE:

John France

GILA COUNTY BOARD OF SUPERVISORS

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Michael A. Pastor  
Chairman

ATTEST

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Marian Sheppard  
Chief Deputy Clerk

APPROVED AS TO FORM

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Bryan B. Chambers  
Chief Deputy County Attorney

**NONDISCRIMINATION ASSURANCE**

**LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:**

<u>Gila County</u> <i>Name of Organization</i>	86-600044
1400 E Ash St, Globe, AZ 85501	<i>Federal Tax ID#</i>
<hr/>	
<i>Mailing Address (P.O. Box #, Street, City &amp; State)</i>	<i>Zip Code</i>
928-425-3231	928-425-7056
<hr/>	
<i>Telephone #</i>	<i>Fax #</i>
Gila	
<u>County</u>	

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 C.F.R. 101-6.2 AND 101-8) issued under the provisions of the 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)