

AUTHORIZATION AND UPDATE FOR ELIGIBILITY RECERTIFICATION & RECORDS UPDATE FEDERAL SURPLUS PROPERTY PGM. (Please Type all information)	STATE OF ARIZONA SURPLUS PROPERTY MANAGEMENT OFFICE 1537 W. Jackson Street, Phoenix, AZ 85007 Tel.: (602) 542-5701 Fax: (602)379-4929		(AGENCY USE ONLY) DATE FORM SENT DONEE NO. 0231A
	RECORD/CRT UPDATE	PERSON UPDATING RECORDS (AGENCY USE ONLY)	
	PUBLIC AGENCY OR LEGAL ORGANIZATION NAME GILA COUNTY		PHONE NO. 928-425-3231
FACILITY ADDRESS 1400 E. ASH STREET		FAX NO. 928-425-7056	
MAILING ADDRESS 1400 E. ASH STREET, GLOBE, AZ 85501		CITY/STATE/ZIP CODE GLOBE, AZ 85501	
PERSON'S NAME AND EMAIL ADDRESS COMPLETING THIS FORM SHANNON BOYER sboyer@gilacountyaz.gov		TITLE EXECUTIVE ADMINISTRATIVE ASSISTANT	

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 MICHAEL A. PASTOR	TITLE Chairman
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@gilacountyaz.gov
STEVE SANDERS	PUBLIC WORKS DEPUTY DIRECTOR	<i>Steve Sanders</i>	ssanders@gilacountyaz.gov
BRENT CLINE	PUBLIC WORKS ROADS/SHOP MANAGER	<i>Brent Cline</i>	bcline@gilacountyaz.gov
JOHN ROOT	PUBLIC WORKS FLEET EQUIP. MAINT SUPV.	<i>John Root</i>	jroot@gilacountyaz.gov

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 STACIE ALLISON 928-402-8777	3. UPDATING INFORMATION JEANNIE JEROI 928-402-8612
2. COMPLIANCE VISIT JEFF HESSENIUS 928-402-8743	4. OTHER (DESCRIBE) STEVE STRATTON 928-402-8501

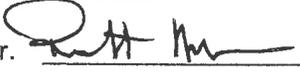
If you would like certain persons within your organization to receive our Surplus Shopper, ADOT Vehicle Sales, and Surplus Public Auctions, please list their name, title and complete facility address:

1. NAME/TITLE/ADDRESS BRENT CLINE, ROADS/SHOP MGR. 1400 E ASH STREET, GLOBE, AZ 85501	3. NAME/TITLE/ADDRESS MIKE JOHNSON, UNDER SHERIFF 1400 E ASH STREET, GLOBE, AZ 85501
2. NAME/TITLE/ADDRESS JOHN ROOT, FLEET/EQUIP. MAINT SUPV. 1400 E ASH STREET, GLOBE, AZ 85501	4. NAME/TITLE/ADDRESS KEITH THOMPSON, SERGEANT 1400 E ASH STREET, GLOBE AZ 85501

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.		rhickman@gilacountyaz.gov
Mike Johnson	Under Sheriff		mjohnson@gilacountyaz.gov
Keith Thompson	Sergeant		kthompson@gilacountyaz.gov

PLEASE REMOVE:

Adam Shepherd

NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

GILA COUNTY

Name of Organization

86-600044

Federal Tax ID#

1400 E ASH STREET, GLOBE, AZ

Mailing Address (P.O. Box #, Street, City & State)

85501

Zip Code

928-425-3231

Telephone #

GILA

County

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)

INSTRUCTIONS FOR THE AUTHORIZATION AND UPDATE RECERTIFICATION RECORDS FORM.

Please type if possible; otherwise neatly print the information on this form.

1 - Enter your organization's Legal name, the physical and mailing addresses, including City and Zip Codes for each.

2 - Enter your Telephone Number and Fax Number with area code.

3 - Enter the person's name and title that is completing this form.

4 - Enter your organization's **Authorized Official name, title and his or her signature. The Authorized Official must be one of the following executives of your organization or a comparable authority, an executive head: Director, Administrator, Superintendent, Board Chairperson, Mayor, or Chief Executive Officer of your organization that may designate authorized signers on this form.**

5 - List the names and titles of those authorized signers that have been approved by your Authorized Official mentioned above, and obtain each signer's signature.

6 - **Please check** the appropriate boxes that fit your organization's requirements, i.e. (Purchase Order required; License(s) copies, State contracts, etc.).

7 - **Please** list the names and phone numbers of persons that our office may contact for Billing Problems, The Compliance Visit and Updating Information.

8 - Please list the names, titles and complete facility addresses of staff members within your organization that are to receive notification of our Surplus Shoppers, ADOT Vehicle Sales and notices of our Surplus Public Auctions.

***9** – If your organization is a non-profit, you will need to provide copies of current permits and/or licenses required to operate your health facility or educational programs.

Also, provide a copy of current certificate of accreditation that accredits your health and/or educational program, if applicable.

10 – **Retain a copy** of the SP142 for your Surplus Property file and **forward the original** signed SP142 to this office, **make sure** the Authorized Official has signed and dated.

*Non-Profit organizations, please read number 9.

Janice K. Brewer
Governor



Brian C. McNeil
Director

ARIZONA DEPARTMENT OF ADMINISTRATION
SURPLUS PROPERTY MANAGEMENT OFFICE
1537 WEST JACKSON STREET - PHOENIX, ARIZONA 85007-3215
PHONE (602) 542-5701 - FAX (602) 379 - 4929

March 24, 2014

RECEIVED

MAR 28 2014

Gila County
Mr. Michael Pastor, Chairman
1400 E. Ash Street
Globe, AZ 85501

GILA COUNTY - DISTRICT II
BOARD OF SUPERVISORS

Dear Mr. Pastor,

According to our records, your organization's eligibility to participate in the State of Arizona Surplus Property Program has or will expire on 06/14/2014. Please fill out and return the enclosed Authorization and Update Form and the Nondiscrimination Form to continue your eligibility. If your organization is a non-profit organization, you will need to also provide copies of current licensure. Please refer to the attached instruction sheet for further direction.

If you have questions or need further information, please contact Cindy Veverka at (602) 542 - 5701 or toll free at 1 (877) 509 - 7277. I look forward to seeing you at our warehouse and hope that our program can help stretch your budget dollar. Thank you very much for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Perica".

Steve Perica, Administrator
State of Arizona Surplus Property Management Office

Cc: File

Enclosure