



The Virginia Office of Surplus Property Management is responsible for the distribution and allocation of all surplus property. Surplus is federal personal property that is owned by the federal government and donated to various states through GSA (General Services Administration). The Virginia Surplus Property Management Office acts as a clearinghouse to obtain donable property from all possible sources. Donable property is then allocated to all eligible donees (customers) through the systematic review of requests and the assessment of the level of need. The purpose of allocation is to achieve a fair and equitable distribution of surplus property to all eligible donees throughout the State.

Eligible donees include the following:

1. Public agencies, including public schools
2. Nonprofit, tax-exempt organizations
3. SEA – service educational activities (of special interest to the Armed Services)
4. SBA (8A) – contact local SBA office for application and approval to acquire federal property.

To be considered eligible, each donee must meet the requirements established by federal regulations. Each donee that is approved will be eligible for all types of federal surplus property.

Eligible donees can obtain property by having the chief administrator, town manager, executive director, etc., complete the Application for Eligibility, Debarment and Assurance documents. Requests will be reviewed periodically as property becomes available. Allocations will be made on a routine basis to donees with the greatest need for a particular item and those with the earliest request. Property can also be obtained by "screening" at the agency's warehouse facilities. Screening includes looking at property, claiming it for a donee, and taking it back to the organization, town, etc.

In accordance with Federal regulation, customer accounts are updated every year. Please review pages 2 - 6 in this package. Make any necessary changes to every page and promptly return **within ten days**. Federal regulations require that this information be supplied prior to property being issued. In order for your eligibility to continue, please sign the *Certification* page verifying that you are still eligible to participate in the Federal Surplus Property Program.

**The following checked information is required:**

- ✓ **Nondiscrimination Assurance form**
- ✓ **Certification (verifying you are still eligible to participate in Federal Surplus Property Program)**
- ✓ **Survey Sheet**
- ✓ **Signature Authorization signed by Administrative Head**  
*Current license for all programs or if applicable, current copy of accreditation from Board of Education and proof of continued public funding.*

Thank you for your assistance. If you have any questions, please call us at 804-236-3670 or email [fedsurp@dgs.virginia.gov](mailto:fedsurp@dgs.virginia.gov).

Sincerely,

Surplus Property

# Survey Sheet

Organization/Agency Name: \_\_\_\_\_

Please complete each section even if your information has not changed.

1. Has your address changed within the last year?

Yes      No

Confirm Address: (Please list physical street address & billing address as we cannot accept a P.O. Box for an address)

Physical: \_\_\_\_\_

Billing: \_\_\_\_\_

2. Have there been changes in the educational or health programs, operation, and services since the eligibility approval?

Yes      No

**If yes, describe in attachment.**

3. Is approval, accreditation, or licensing required for one or more of the programs?

Yes      No

**If yes, provide a copy of the license, approval, and or accreditation.**

4. Has there been a change in the nonprofit tax-exempt status under Section 501 of the U.S. Internal Code of 1954?      Yes      No

**If yes, provide copy of change.**

5. Is your previous signature form current?      Yes      No

**If no, return updated *SIGNATURE FORM* on page 4.**

6. If you are a museum, please provide proof of one (1) full time employee. This is a federal requirement.

**Signature:** \_\_\_\_\_

(Designated Representative)

**Date:** \_\_\_\_\_

## Authorization Signature Form Definitions

- ❖ **Designated Contact:** Agency Head or Agency Head’s approved designee for surplus property
  
- ❖ **Designated Principal Person:** Person with authority to sign a letter allowing any non-authorized person a one-time approval to select and sign for property
  
- ❖ **Select and Sign for Property:** Person able to select and sign invoice for property

**The current representatives on file are:**

**If there are any corrections that need to be made to the list of contacts, please complete page 4. If there are no changes required, please indicate the signature information is current.**

# Authorization Signature Form

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site \_\_\_\_\_

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This form must be signed by the administrative official or authorized designee. Individuals not listed on the account must bring a letter signed by the administrative official or designee the date of the purchase.

### 1) DESIGNATED CONTACT FOR SURPLUS PROPERTY:

PRINT NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

#### CHECK ALL THAT APPLY:

Deletions: (Name) \_\_\_\_\_  
Additional Authorization(s) \_\_\_\_\_  
Supersedes previous authorizations: (nullifies previous signature forms)

### 2) ADDITIONAL DESIGNATED PRINCIPAL PERSONS:

Signature _____	Signature _____
Name _____	Name _____
Title _____	Title _____
Telephone _____	Telephone _____
Email _____	Email _____

### 3) ADDITIONAL PERSONS AUTHORIZED TO SELECT AND SIGN FOR PROPERTY:

Signature _____	Signature _____
Name _____	Name _____
Title _____	Title _____
Telephone _____	Telephone _____
Email _____	Email _____

Signature _____	Signature _____
Name _____	Name _____
Title _____	Title _____
Telephone _____	Telephone _____
Email _____	Email _____

## NON-DISCRIMINATION CERTIFICATION

The donee hereby agrees that the program for or in connection with which any property is donated 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 regulation of the General Services Administration (41 CFR 101-6.2) issued under the provisions of Title VI of the Civil Rights Act of 1964, 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, and Civil Rights Restoration Act of 1987, to the end that no person in the United States shall, on the ground of race, color, natural origin, sex or age, or the no otherwise qualified handicapped person shall solely be reason of the handicap, be excluded from participation in, be denied the 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 that this agreement shall be subject in all respects to the provisions of said regulations, that this agreement shall obligate the donee for the period during which it retains ownership or possession of any such property, that the United States shall have the right to seek judicial enforcement of this agreement, and 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.

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 Signature of Chief Executive Officer/Agency Head

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 Date

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 Print Name

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 Title

## CERTIFICATION

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME OF ORGANIZATION OR AGENCY	
NAME OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

**PLEASE RETURN THIS PACKET AND ALL REQUESTED INFORMATION TO:**

**Department of General Services  
Office of Surplus Property Management  
1910 Darbytown Road  
Richmond, VA 23231  
Fax: 804-236-3663  
Email: [fedsurp@dgs.virginia.gov](mailto:fedsurp@dgs.virginia.gov)**