

New Online Catalog for Surplus Property

Michael Clements

Kim Hayes





Agenda

- Overview
- Buyer's Responsibilities
- Live Demo
- Approved Buyers
- Approval Process
- Federal vs State Property
- Federal Invoicing
- Questions



Overview of Surplus Catalog

- Access through eVA
- Currently features office furniture
- Future items will include supplies and equipment
- Benefits
 - Save time and money - shop surplus without visiting a warehouse!
 - Same great savings
 - Variety of quality property



Buyer's Responsibilities

- Buyer must arrange pickup of items
- Once item is purchased, call the point of contact listed in seller information to arrange a date to pick up your item
- Items must be picked up within 5 days of purchase
- Hours: Monday-Friday, 8 am to 3 pm
- Proof of purchase required at pick-up



Buyer's Responsibilities

- Information required at pick-up
 - Item specifications
 - Purchase order agreement
- Any costs associated with transportation (dismantling/loading) covered by buyer
- The buyer/transport driver must verify the item(s) and any attachment(s) prior to loading



Live Demo

<https://eVA.virginia.gov>



Approved Buyers

- Must be an approved buyer to purchase any surplus property. This includes items listed in the catalog.
- Approved surplus buyer
 - Agency/Locality is registered in surplus program
 - You are listed as an authorized representative



Approval Process

- Complete an appropriate surplus form
 - Application – set up new customer account
 - Update form – renew if expired
 - Authorized Signature form – add buyers to account
 - Temporary authorizations are also accepted by email or letter
- All forms located online
 - dgs.virginia.gov/surplus

VIRGINIA STATE AGENCY FOR SURPLUS PROPERTY
1910 Darbytown Road
Richmond, VA 23231-5312

APPLICATION for ELIGIBILITY- FEDERAL SURPLUS PROPERTY PROGRAM

I. ORGANIZATION INFORMATION

Organization Legal Name _____

Organization Mailing Address (PO Box Number, Street, City, State, County & Zip Code (nine digit zip code if applicable)) _____

Street Address (if different from Mailing Address) _____

Name of Organization Chief Executive/Agency Head _____

Phone # _____ Fax # _____

E-mail _____ Web Address _____

Federal Tax Number _____

II. APPLICANT STATUS (Check One; see Definitions):

- Public Agency, Including Public School
- Nonprofit; tax-exempt organization (Evidence must be provided)

III. TYPE OR PURPOSE OF ORGANIZATION (Check One; see Definitions)

- | | | |
|---|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Programs for Older Individuals | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> County | <input type="checkbox"/> Child Care Centers | <input type="checkbox"/> Medical Institution |
| <input type="checkbox"/> City | <input type="checkbox"/> School for the Handicapped | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Township | <input type="checkbox"/> Vocational, Technical or Trade School | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Borough | <input type="checkbox"/> Museum | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Authority | <input type="checkbox"/> Training Center | <input type="checkbox"/> Sheltered Workshop |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> Radio/TV Station | <input type="checkbox"/> Library |
| <input type="checkbox"/> School District | <input type="checkbox"/> Provider of Assistance to Homeless Individuals | <input type="checkbox"/> Provider of Assistance to the Impoverished |
| <input type="checkbox"/> College/University | <input type="checkbox"/> SEA (Service Educational Activity approved by DOD) | <input type="checkbox"/> SBA 8A |

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAMS OR SERVICES OFFERED, INCLUDING A DESCRIPTION OF FACILITIES OPERATED

(Attach description documentation)

V. SOURCE OF FUNDING (Attach supporting documentation)

- Tax-Supported
- Grant
- Contributions
- Other (specify) _____

VI. (For Non-Profit Organizations Only) HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX-EXEMPT UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE OF 1986?

- Yes (copy of determination required)
- No

VII. (For Non-Profit Organizations Only) IS THE ORGANIZATION APPROVED, ACCREDITED OR LICENSED?

- Yes (copy required)
- No

VIII. I have read and understand the attached Certifications and Agreements on this application

IX. CERTIFICATION

- 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.
- 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.

X. 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 regulations 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 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, 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 that no otherwise qualified handicapped person shall solely by 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.

Signature of Chief Executive Officer/Agency Head _____

Date _____

Typed/Printed Name _____

Title _____

DO NOT WRITE IN THIS SPACE (For VA State Agency for Surplus Property Use Only)
FEDERAL SURPLUS PROPERTY APPLICATION DETERMINATION

Application Approved: _____ Application Disapproved: _____ Date: _____

Application Approved Conditionally: _____ Approved by _____

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

Date: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____ Web Site _____

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 _____

**Office of Surplus Property Management (OSPM)
Authorization Signature Form**

Return to: fedsup@dgs.virginia.gov or mail to
1910 Darbytown Road Richmond, VA 23231
Office (804) 236-3670
Or Fax to (804) 236-3663

Date _____

Customer Name: _____

Address: _____

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

DESIGNATED REPRESENTATIVE FOR SURPLUS PROPERTY:

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

TELEPHONE: _____

EMAIL: _____

CHECK:

Deletions ____ (Name of person(s) to delete from account) _____
Supersedes all prior authorizations ____ (nullify previous authorization forms and deletes anyone on account that's not listed on this form)

ADDITIONAL DESIGNATED PRINCIPAL PERSONS: A principal designee is allowed to sign for property and authorize others to sign invoices and receive property.

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

ADDITIONAL PERSONS AUTHORIZED TO SELECT AND SIGN FOR PROPERTY: Authorized to sign invoices but cannot authorize others to do so

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



Federal vs State Property

- Regulated and audited by the General Services Administration (GSA)
- GSA requires OSPM to keep federal property separate and maintain an inventory system verifying when property is received and sold
- GSA requires separate fiscal reporting for federal funds



Federal Invoicing

- If federal surplus is purchased, an invoice will be emailed to the Designated Contact listed on your surplus account.

DGS-43-008

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF GENERAL SERVICES/DIVISION OF PURCHASES AND SUPPLY

FEDERAL SURPLUS PROPERTY

www.dgs.virginia.gov

State Agency Code: 501
Donee Account Number: 04143170

DISTRIBUTION DOCUMENT AND INVOICE
1910 Darbytown Road, Richmond, VA 23231
Telephone: (804) 236-3670 - FAX (804) 236-3663

PAYMENT DUE WITHIN
30 DAYS OF THIS INVOICE

To: BOB WETHERINGTON
Agency Name: DEPT OF TRANSPORTATION (VDOT) NORTHERN VIRGINIA DISTRICT
Address Line 1: 4975 ALLIANCE DRIVE
Address Line 2:
City: FAIRFAX
State: VIRGINIA
Zip: 22030

No: R200000202
PO Number:
Date: 04/18/2019

TO PAY ONLINE (VISA OR MASTERCARD) CLICK ON THE LINK PROVIDED IN YOUR FEDERAL OSPM INVOICE EMAIL.
IF YOU NEED TO PAY BY CHECK, PLEASE MAKE OFFICIAL AGENCY CHECK PAYABLE TO THE TREASURE OF VIRGINIA
AND MAIL TO: THE DEPARTMENT OF GENERAL SERVICES, P.O. BOX 267, RICHMOND, VA 23218-0267

TRANSFER ORDER NO.	NSN	ITEM DESCRIPTION	UNIT ACQ. COST	TOTAL ACQ. COST	QUANTITY AND UNIT	UNIT SERVICE CHARGE	TOTAL SERVICE CHARGE
51-019-0054-51-001	8150	CONTAINER,FREIGHT,G	\$6,290.11	\$25,160.44	4/EA	\$620.00	\$2,480.00
PAYMENT DUE WITHIN 30 DAYS OF THIS INVOICE			TOTALS:	ACQUISITION COST	\$25,160.44	SERVICE CHARGES	\$2,480.00

The property listed is "as is, where is" with no expressed or implied warranties given. The property listed is for official use of agency listed, and not for personal use.

NOTICE: Please read additional Terms and Restrictions listed on back.

As the duly authorized agent of the above donee, I accept the property listed hereon and commit the donee to the certifications and agreements printed on the reverse of this Document and Invoice.

Received by and Signature of Donee

Phone # () _____

Designated Person: CAROLINE BUMBERA

(Signature)

Email: CAROLINE.BUMBERA@VDOT.VIRGINIA.GOV

Date: _____

Property Issued by: KIM HAYES

Vehicle License: _____



Final Questions

