

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING PARTICIPATION IN THE
STATE OF ILLINOIS FEDERAL SURPLUS PROPERTY PROGRAM**

WHEREAS, the Village of Downers Grove has limited fiscal resources available for the procurement of heavy-duty construction equipment, vehicles, commodities and other property; and

WHEREAS, the State of Illinois' Federal Surplus Property Program offers a variety of surplus property at approximately 5-25 percent of the acquisition value, effectively reducing program costs by acquiring items that have been used to their life expectancy or property that must be replaced for safety or economic reasons; and

WHEREAS, the Village of Downers Grove agrees to the following terms and conditions: to use the surplus property only in the official program which it represents; and upon receipt, agrees to place the surplus property into use within one (1) year; and it agrees that the property shall be used for a period of one (1) year (certain items, eighteen (18) months); that it agrees it will not sell, loan, trade or tear down the property without written consent from the State of Illinois; and

WHEREAS, the Village of Downers Grove understands that surplus property must be used in an authorized program and that personal use or non-use of the surplus property is not allowed;

NOW, THEREFORE BE IT RESOLVED, that the Village Council of the Village of Downers Grove does hereby consent and decree that the Village of Downers Grove is authorized to participate in the State of Illinois Federal Surplus Property Program.

SECTION 1. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Program.

SECTION 2. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

SECTION 3. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed: _____

Attest: _____
Village Clerk

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

State and Federal Property Management
1924 South 10 1/2 Street
Springfield IL 62703

APPLICATION FOR ELIGIBILITY

To Receive Federal Surplus Property (41 CFR 101-44-207)

Federal Surplus Account Number Issued: _____

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Village of Downers Grove 36-6005857
Name of Organization Federal Tax ID #

801 Burlington Ave., Downers Grove, Illinois 60515-4776
Mailing Address (P.O. Box #, Street, City & State) Zip Code

Street Address/ Location (if different from mailing address)

DuPage (630) 434-6878
County Telephone #

II. APPLICANT STATUS (CHECK ONE):

- Public Agency including Public Schools Nonprofit, tax-exempt organization (Provide Evidence)
(check one) Nonprofit Health -OR- Nonprofit Education

III. TYPE OR PURPOSE OF ORGANIZATION:

- State College or University Child Care Center
County Secondary School Museum
City/Village Elementary School Training Ctr.
Education Program for Older Individuals Radio/TV Station
Health Library Nursing Home
Township Hospital Health Ctr/ Clinic
Road Dist. School for Handicapped Assistance to Needy
Public Safety Assistance to Homeless Other

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAM OR SERVICES OFFERED, INCLUDING A DESCRIPTION OF FACILITIES OPERATED. (REQUIRED) See Attached.

V. SOURCES OF FUNDING (ATTACH SUPPORTING DOCUMENTATION):

- Tax Supported Grant Contributions Other (Specify) Licenses, Permits, Fees, Charges and Fines

VI. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: See attached tax-exempt letter from IL. Dept. of Revenue (COPY REQUIRED)

VII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? (COPY REQUIRED) BY WHAT AUTHORITY? N.A.

VIII. _____

Date

Applicant Signature

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

State and Federal Property Management
1924 South 10 1/2 Street
Springfield IL 62703

AUTHORIZED REPRESENTATIVES

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Village of Downers Grove

David Fieldman

Name of Organization

Administrative Head

801 Burlington Ave. Downers Grove, Illinois 60515-4776

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

Zip Code

Street Address/Location (If different from mailing address)

DuPage

County

(630) 434-5500

Telephone #

Susan Brassfield

Send Correspondence to the Above Named Representative

(630) 434-5571

Fax #

(If you have an e-mail address and wish us to contact you in this manner, please specify address on line given below)

sbrassfield@downers.us

Federal Tax ID#: 36-6005857

II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO:

- A. Represent Donee Organization as its authorized agent; and
- B. Acquire Federal surplus property on behalf of the Donee Organization; and
- C. Obligate necessary Donee Organization funds for this purpose; and
- D. Execute Distribution Documents binding the Donee Organization to the terms, conditions, reservations, and restrictions applying to Property obtained through the agency.

III. _____ NEW DESIGNATIONS

(Delete all previous authorizations)

_____ ADDITIONAL DESIGNATIONS ONLY

(Add to previous authorizations)

IV. REPRESENTATIVES

Name

Title

Signature

David Fieldman

Acting Village Manager

V. CERTIFICATION

_____ Date

_____ Signature of Authorized Official (Applicant)

LENGTH OF ELIGIBILITY GRANTED BY CMS:
_____ YEAR(S)
(FOR STATE AGENCY USE ONLY)

_____ Title

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

State and Federal Property Management
1924 South 10 1/2 Street
Springfield IL 62703

NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Village of Downers

Grove

Name of Organization

801 Burlington Ave. Downers Grove, Illinois 60515-4776

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

_____ Zip Code

_____ Street Address/ Location (If different from mailing address)

DuPage

County

Village of Downers Grove

(Name of Organization)

the donee,

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-B) issued under the provisions of 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 (Applicant)

FOR STATE AGENCY USE ONLY

This applicant has been determined:
eligible

eligible

ineligible

conditionally

as: a public agency nonprofit education nonprofit health

Account Number: _____ - ____ - _____ Eligibility
Expires: _____

Date: _____ Director: _____

LENGTH OF ELIGIBILITY GRANTED: ____ YEAR(S)
(enter on Authorized Representatives page)

NEW APPLICATION