



★ CALIFORNIA DEPARTMENT of GENERAL SERVICES
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SP Form No. 202 (12/98)

RESOLUTION 2001-801

"BE IT RESOLVED by the Governing Board, ~~OR by the Chief Administrative Officer of those organizations which do not have a governing board~~, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) are listed below shall be and is (are) hereby authorized as our representative(s) to acquire federal surplus property from the California State Agency for Surplus Property under the Terms and Conditions listed on the reverse side of this form."

A. REPRESENTATIVES NAME (Print or type.)	TITLE	SIGNATURE
<u>Doug Jones</u>	<u>General Manager</u>	<u>[Signature]</u>
<u>Lisa Bognuda</u>	<u>Asst. Admin.</u>	<u>[Signature]</u>
<u>Lee Douglas</u>	<u>Superintendent</u>	<u>[Signature]</u>

B. PASSED AND ADOPTED this 12 day of December, 2001, by the Governing Board of

Nipomo Community Services District

by the following vote: Ayes: 5 ; Noes: 0 ; Absent: 0

I, Donna K. Johnson, Clerk of the Governing Board of

Nipomo Community Services District do hereby certify that the foregoing is a full, true, and correct copy of a resolution adopted by the Board at a Board meeting thereof held at its regular place of meeting at the date and by the vote above stated, which resolution is on file in the office of the Board

Nipomo Community Services District
Name of organization

PO Box 326
Mailing address

Nipomo San Luis Obispo 93444
City County ZIP code

(Signed) Donna K. Johnson

OR

C. AUTHORIZED this _____ day of _____, 20____, by:

Name of chief administrative officer Title

Name of organization

Mailing address

City County ZIP code

(Signed) _____



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FORM 201

New
Renewal

STATE OF CALIFORNIA
APPLICATION FOR ELIGIBILITY
FEDERAL SURPLUS PERSONAL PROPERTY PROGRAM

Before preparing this application, please read carefully the definitions provided. Fill out all applicable sections.

Legal name of organization Nipomo Community Services District
Telephone 929-1133 Fax 805 929-1932

Legal Address 148 S. Wilson St City Nipomo County San Luis Obispo Zip 93444

Bill Address PO Box 326 City Nipomo County San Luis Obispo Zip 93444

1. Application is being made as a (please check one) (a) **Public agency** or (b) **Private**, nonprofit and tax-exempt educational or public health organization _____. Please provide evidence that the organization is a public agency or enclose a copy of the letter or certificate from the United States Internal Revenue Service evidencing tax-exemption under Section 501 of the Internal Revenue Code of 1954.
2. Check type of agency or organization and attach a supplement to this application describing the program and activities. For private, no profit organizations, the following *additional* information is required: (a) For educational institutions, include a description of the curriculum, the number of days in the school year, and the number and qualifications of the faculty or staff; (b) If a public health institution or organization, include a description of the health services offered, qualifications of staff and, if applicable, the number of beds, number of resident physicians, and number of registered nurses on staff.

PUBLIC AGENCIES: Check either state ____ or local

____ Conservation

____ Economic development

____ Education:

o Grade level (e.g., Preschool, university) _____

o Enrollment _____

o No. of school sites _____

____ Parks and recreation

____ Public health

____ Public safety

____ Two or more of above

Other (specify) Special District

NONPROFIT INSTITUTION OR ORGANIZATION:

____ Education:

o Grade level (e.g., Preschool, university) _____

o Enrollment _____

o No. of school sites _____

____ School for the mentally or physically handicapped

____ Educational radio or television station

____ Museum

____ Library


____ Medical institution

____ Hospital

____ Health center
____ Clinic
____ Other (specify) _____

- 3. Check if the applicant program is approved ____; accredited ____; or licensed ____ . Enclose evidence of such approval, accreditation, or licensing. If the applicant lacks evidence of formal approval, accreditation, or licensing, check here ____ and refer to the enclosed instructions.
- 4. Are the applicant's services available to the public at large? ____ . If only a specified group of people is served, please indicate who comprises this group.

- 5. Checklist of attachments submitted with this application:
 - ____ Evidence that applicant's program is a public agency or exempt from paying taxes under Section 501 of the IRS Code of 1954.
 - ____ Description of program operations and activities.
 - ____ Evidence of approval, accreditation, or licensing or information submitted in lieu of thereof.
 - ____ SASP Form No. 202, "Resolution", properly signed, designating representatives authorized to bind the applicant to the terms and conditions governing the transfer of federal surplus property.
 - ____ SASP Form No. 203, nondiscrimination compliance assurance.
 - ____ Statement concerning applicant's needs, resources, and ability to utilize the property.
 - ____ Other statements of documentation required, as specified in the instruction, for certain categories of applicants.

Date: 2/12/01 Signed:  Title: General Manager

FOR STATE AGENCY USE

Application approved: _____ Application disapproved: _____
 Comments or additional information: _____

Date: _____ Signed: _____
Eligibility Specialist

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Office of Surplus Property
OSP Form 203 (12-98)

Assurance of Compliance with GSA Regulations under 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.

Nipomo Community Services District, (hereinafter called the "donee")
(Name of donee organization)

HEREBY 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 CRF 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 Administration 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 Ac. of 1975, 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 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.

DATE 12/12/01

Nipomo Community Services District
Donee Organization
By [Signature]
(President/Chairman of the Board or comparable authorized official)

148 South Wilson Street
(Street Address)

Nipomo CA 93444
(City) (State) (Zip)