

## AGENDA REPORT

TO: Mayor & City Commission  
FROM: Ken Hibl, City Manager  
DATE: April 15, 2010  
RE: Application for Eligibility – Federal Surplus Property Assistance Program

For the Agenda of April 19, 2010

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Background. There is a Federal Surplus Supply Property Unit in Lansing that provides surplus federal property to approved applicants. We (the City Staff) considers this facility a possible option or alternative to occasionally obtain surplus property for our purposes, thus I ask that the City Commission approve the needed resolution to allow us to apply to use this service. The required application form is attached for information. As indicated on the application, a Certificate of Adopted Resolution is required to attain eligibility, as is a NonDiscrimination Assurance Form (*copy att'd*).

Issues & Questions Specified. Should the City Commission approve a required resolution to facilitate application for eligibility to the Federal Surplus Property Assistance Program?

Alternatives.

1. Approve the requested resolution.
2. Do not approve the resolution.
3. Set aside decision regarding this matter to a later date.

Financial Impact. There is no cost to the City.

Recommendation. I recommend that the City Commission approve the adoption of Resolution 2010-032 (*copy att'd*).

Attachments.

1. Application Form.
2. NonDiscrimination Assurance Form.
3. Resolution 2010-034.

**APPLICATION FOR ELIGIBILITY  
STATE OF MICHIGAN  
FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM**

AGREEMENT NUMBER
_____ FOR STATE USE ONLY

Authority: Prescribed by GSA FPMR (41CFR) 101-44.207(f)  
Completion: Voluntary, However, completion is required to apply for participation in the Federal Surplus Property Program

**PLEASE PRINT OR TYPE**

Legal Name of Organization <b>CITY OF CLARE</b>		Employer Federal Identification No. <b>38-</b>	
Address <b>202 W. 5TH ST.</b>		Name of Designated Official <b>ROBERT BONHAM</b>	
City <b>CLARE</b>	County <b>CLARE</b>	Title <b>DIRECTOR D.P.W.</b>	
State <b>MI</b>	ZIP Code <b>48617</b>	Telephone Number <b>989-386-7541</b>	Date <b>3-5-2010</b>
<b>TYPE OF ORGANIZATION (Check One)</b> <input checked="" type="checkbox"/> Public Agency <input type="checkbox"/> Private, Non-Profit Organization		<b>Purpose of Organization:</b> <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> Township Government <input type="checkbox"/> Public Health <input type="checkbox"/> Public Safety <input type="checkbox"/> Emergency Management <input checked="" type="checkbox"/> City Government <input type="checkbox"/> Parks/Recreation/Conservation	
<b>SOURCE OF FUNDING (Check One)</b> <input type="checkbox"/> Appropriation <input type="checkbox"/> Tuition If funding is other than appropriation or tuition, please provide documentation		<input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Library <input type="checkbox"/> Museum <input type="checkbox"/> Service/Older Citizens <input type="checkbox"/> Homeless Providers <input type="checkbox"/> Village Government	
<b>DOCUMENTS TO BE SUBMITTED WITH APPLICATION</b>			
<u>Who Must Submit</u>		<u>What to Submit</u>	
All Applicants		Non-Discrimination Certificate Certificate of Adopted Resolution	
Private, Non-Profit Organizations		Certificate of Tax Exempt Status Under Section 501(c)(3). Internal Revenue Code License/Certificate to operate Facility Issued by State Government Department of Jurisdiction Copies of Grants	
Homeless Providers		Certificate of Tax Exempt Status Under Section 501(c)(3), Internal Revenue Code Narrative of Services Provided	
Services to Older Citizens		Statement Certifying Federal Funding of Program for Older Citizens	
SIGNATURE OF DESIGNATED OFFICIAL			DATE
<b>Applicants will receive notification of approval or disapproval of this application.</b>			
<b>FOR STATE USE</b>			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
SIGNED (Program Manager, Federal Surplus Property)			DATE

This form is issued under the authority of P.A. 431 of 1984

RETURN TO: State of Michigan  
Federal Surplus Property Unit  
P.O. Box 30026  
Lansing, MI 48909

## NONDISCRIMINATION ASSURANCE

Assurance to be executed by authorized representative of donee activity prior to receiving donations of surplus personal property from the Federal Surplus Property Agency on or after October 17, 1977.

Assurance of Compliance with GSA Regulations until 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.

, hereinafter called the "donee", hereby agrees

(Name of Donee/Agency/Organization)

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 Service Administration (41CFR 102-37.445) 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, to the end that no person in the United States shall on the grounds of race, color, national origin, sex, or age, or that no otherwise qualified handicapped person shall solely by reason of 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.

Name of Donee/Agency/Organization

President/Chairman of the Board or comparable authorized official

Donee/Agency Mailing Address

Return form to: **State of Michigan, DMB  
Federal Surplus Program  
P.O. Box 30026  
Lansing, MI, 48909**

STATE OF MICHIGAN  
DEPARTMENT OF TREASURY

CITY OF CLARE  
202 WEST 5TH  
CLARE MI 48617

**Sales Tax  
License**

ACCOUNT NUMBER

H 38-6004529

EXPIRATION DATE

SEPT 30, 2011

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Tax Codes	Type	Co-City		K	Loc.	Seas. Months	Fiscal	File Class

Issued under authority of P.A. 167 of 1933, as amended.

**RESOLUTION 2010-034**

**A RESOLUTION OF THE CLARE CITY COMMISSION APPROVING AN APPLICATION FOR ELIGIBILITY FOR THE STATE OF MICHIGAN FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM.**

**WHEREAS**, the City of Clare is a municipal corporation of the State of Michigan; and

**WHEREAS**, it deemed by the Clare City Commission to be in its best interests and in the best interests of the taxpayers and residents of the City of Clare to apply for eligibility to utilize the services of State of Michigan Federal Surplus Property Unit.

**NOW THEREFORE BE IT RESOLVED** that the City Commission of the City of Clare hereby approves the submittal of Application for Eligibility for the State of Michigan Federal Surplus Property Assistance Program and directs its City Staff to take all needed administrative actions to submit said Application.

**ALL RESOLUTIONS AND PARTS OF RESOLUTIONS INSOFAR AS THEY CONFLICT WITH THE PROVISIONS OF THIS RESOLUTION BE AND THE SAME ARE HEREBY RESCINDED.**

The Resolution was introduced by Commissioner \_\_\_\_\_ and supported by Commissioner \_\_\_\_\_. The Resolution declared adopted by the following roll call vote:

**YEAS:**

**NAYS:**

**ABSENT:**

Resolution approved for adoption on this 19<sup>th</sup> day of April 2010.

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Diane Schmidt, City Clerk