



Organization:

Physical Mail Address (Street Address, City, State and Zip-- No Post Office Box!):

Primary Contact:

Title:

Taxpayer/Employer Identification Number (TIN/EIN):

Phone w/Area Code:

Email:

Please choose only **ONE** among the following (Public Agency, Nonprofit Organization) which **BEST** describes your entity:

**Public Agency \***

**Purpose of your public agency:**

- Conservation
- Economic Development
- Public Education **D**
- Public Health **D**
- Parks & Recreation
- Public Safety
- Local, City County or State Government
- Indian Tribe, Band, Group, Pueblo or Community Located on a State Reservation **E**
- Alaskan Village or Regional Corporation (as defined by the Alaskan Native Land Claims Settlement Act of 1971)
- Volunteer Fire Dept/Rescue Squad **C**

**Nonprofit Organization \*\***

**Purpose of your nonprofit:**

- Medical Institution **B**
- Hospital **B**
- Clinic **B**
- Health Center **B**
- Outpatient Facility **B**
- Provider of Assistance to Homeless **A**
- Provider of Assistance to Impoverished **A**
- School, College or University **B**
- School for Persons with Disabilities **B**
- Educational Institution **B**
- Child Care Center **B**
- Preschool **B**
- Library **B**
- Nursing Homes or Geriatric Centers **B**
- Alcohol/Drug Abuse Treatment Centers **B**

\* All public agencies must provide **proof of public agency status**.

\*\* All nonprofits must provide an **IRS 501(c) ruling**. State tax exempt forms are **not** acceptable.

All public agencies and nonprofits (as requested) must provide financial information-- basic budget information, funding sources, etc.

**A** Must provide letter from a public official certifying that those receiving services are **primarily** homeless or impoverished.

**B** Must provide evidence of either **licensing** (recognition or approval by appropriate State or local authority; **accreditation** (approved by a recognized regional, state, or national board); or **approval** (recognition and approval by State Department of Health or Education; or other appropriate authority).

**C** Must provide evidence of public funding and/or legislative authority; and must provide evidence of approval by proper government authority.

**D** Public health and educational "institutions" must provide evidence of either **licensing** (recognition or approval by appropriate State or local authority); **accreditation** (approved by a recognized regional, state or national board); or **approval** (recognition and approval by State Department of Health or Education, or other appropriate authority).

**E** GMCS may verify entities located on a state reservation at <https://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>

**Authorized Representative Listing:** Applicants must provide a list of persons authorized to sign for the release of property on its behalf. Individuals listed on prior applications will be deleted. A valid driver's license or state issued photo identification may be required prior to entering state or federal facilities. **Those who sign below represent that they have read and understand all information contained in this application (including the fine print) and they will abide by the aforementioned agreements, certifications, assurances and statements.**

Printed Name	Title	Phone Number (Include Area Code)

Email Address	Date (MM/DD/YYYY)	Signature

Printed Name	Title	Phone Number (Include Area Code)

Email Address	Date (MM/DD/YYYY)	Signature

**Certification & Agreement Statement (Including Conditions, Reservations and Restrictions):**

**(a) THE DONEE CERTIFIES THAT:**

- (1) It is a public agency or a nonprofit institution or organization exempt from taxation under section 501 of the internal Revenue Code of 1954 within the meaning of section 203(j) of the Federal Property and Administrative Services Act of 1949, as amended, and/or the regulations of the General Services Administration (GSA).
- (2) If a public agency, the property is needed and will be used by the recipient for carrying out or promoting for the residents of a given political area and one or more public purposes, or, if a nonprofit, tax-exempt institution or organization, the property is needed for and will be used by the recipient for educational or public health purposes, including research for any such purpose, or for programs for older individuals. The property is not being acquired for any other use or purpose, or for sale or other distribution or for permanent use outside the State, except with prior written approval of Gallup McKinley County Schools.
- (3) Funds are available to pay all costs and charges incident to donation, including but not limited to removal, transportation or shipping fees, repairs, costs relating to making a donated item serviceable.

**(b) THE DONEE AGREES TO THE FOLLOWING TERMS, RESERVATIONS, AND RESTRICTIONS:**

- (1) From the date it receives the property listed hereon and through the period of one year (12 months), the donee shall not sell, trade, lease, lend, bail, cannibalize, encumber, or otherwise dispose of such property, or remove it permanently, for use outside the State, without the prior approval GMCS. The proceeds from any sale, trade, lease, loan, bailment, encumbrance or other disposal of the property, when such action is authorized by GMCS, shall be remitted promptly by the donee to GMCS.
- (2) In the event any of the property listed hereon is sold, traded, leased, loaned, bailed, cannibalized, encumbered, or otherwise disposed of by the donee from the date it receives the property through the period of one year (12 months), without prior approval, the donee, at the option of GMCS shall pay to GMCS, the proceeds of the disposed or for the fair market value or the fair rental value of the property at the time of such disposal, as determined by GMCS.
- (3) If at any time, from the date it receives the property through the period(s) of time the conditions imposed by (b), (c), and (f) remain in effect, any of the property listed hereon is no longer suitable, usable, or further needed by the donee for the purpose(s) for which acquired, the donee shall promptly notify GMCS.
- (4) The property acquired by the donee is on an "as is, where is" basis, without warranty of any kind, and the GMCS will be held harmless from any or all debts, liabilities, costs, demands, suits, actions, or claims of any nature arising from or incident to the donation of the property, its use, or final disposition.

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any government department or agency;
  - (b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by Governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
  - (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, state, or local) terminated for cause of default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall draw a line through the statement(s) above- (1)(a), (1)(b), (1)(c), (1)(d) for which the prospective applicant cannot certify and attach a detailed explanation to this form.

**Description of Donated Property:**

My signature below represents that I have read and understand all of the information contained in this form.  
My signature below represents that I have accurately completed this form to the best of my ability and that my agency, organization, business and representatives will abide by the aforementioned agreements, certifications, assurances and statements.