

RESOLUTION 14-02

Passed: February 10, 2014

**PARTICIPATION IN THE STATE OF ILLINOIS
FEDERAL SURPLUS PROPERTY PROGRAM**

WHEREAS, the City of DeKalb has limited fiscal resources available (reference FY2014 Budget) 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 (5-25%) 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 City of DeKalb 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 year; and it agrees that the property shall be used for a period of one year (certain items, eighteen months); that it agrees it will not sell, loan, trade or tear down the property without written consent from the State of Illinois; and

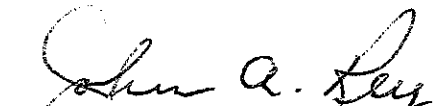
WHEREAS, the City of DeKalb understands that surplus property must be used in an authorized program and that personal use or non-use of surplus property is not allowed; now

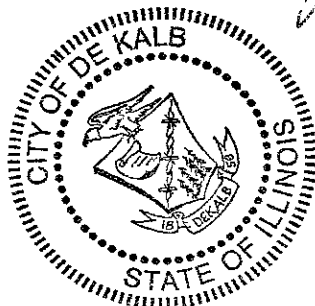
THEREFORE, the Mayor and the City Council of the City of DeKalb do hereby consent and decree that the City of DeKalb is authorized to participate in the State of Illinois Federal Surplus Property Program.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a regular meeting thereof held on the 10th day of February, 2014 and approved by me as Mayor on the same day. Passed on the Consent Agenda by roll call vote 8-0. Aye: Jacobson, Finucane, Lash, Snow, Baker, Naylor, O'Leary, Rey.

ATTEST:


ELIZABETH E. PEERBOOM, City Clerk


JOHN A. REY, Mayor



ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703 PHONE: (217) 785.6903

APPLICATION FOR ELIGIBILITY

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

Federal Surplus Account Number Issued: _____ (To be completed by CMS Office)

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

City of DeKalb 36-6005843
Name of Organization Federal Tax ID #
200 S. 4th Street DeKalb IL 60115
Mailing Address (P.O. Box #, Street, City & State) Zip Code
T. J. Moore, Director of Public Works
Street Address/ Location (if different from mailing address)
DeKalb (815) 748-2030
County Telephone #

II. APPLICANT STATUS (CHECK ONE):

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

III. TYPE OR PURPOSE OF ORGANIZATION:

- State College or University Child Care Center
 County S.A. 3(a) Museum
 City/Village Elementary or Secondary School S.E.A. (Scouts, Red Cross)
 Educational Program for Older Individuals Radio/TV Station
 Hospital/Health Library Nursing Home
 Township Hospital Public Health / Clinic
 Road District Americans w/ Disabilities Provider to Needy (Food)
 Public Safety Provider to Homeless (Shelters) Veteran Organizations

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

V. SOURCES OF FUNDING (ATTACH SUPPORTING DOCUMENTATION):

- Tax Supported Grant Contributions Other (Specify) _____

VI. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: yes (COPY REQUIRED)

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

VIII. 1/14/14
Date

T. J. Moore
Applicant Signature

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703

AUTHORIZED REPRESENTATIVES

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

FEDERAL TAX ID #: 36-6005843 Email: _____

City of Dekalb
Name of Organization

200 S. 4th Street Dekalb IL 60115
Mailing Address (P.O. Box #, Street, City & State) Administrative Head Zip Code

Street Address/Location (If different from mailing address)

Dekalb (815) 748-2030
County Telephone #

T. J. MOORE (815) 748-2359
Send Correspondence to the Above Named Representative Fax #

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

First Name	Title	Signature
<u>Tom Cleveland</u>	<u>Airport Mgr</u>	<u>Tom Cleveland</u>
<u>Thomas Moore</u>	<u>Public Works Director</u>	<u>Thomas Moore</u>
<u>Laura Pisarcik</u>	<u>Finance Director</u>	<u>Laura Pisarcik</u>
<u>Rudy Esposito</u>	<u>Interim City Manager</u>	<u>Rudy Esposito</u>
<u>Eric Hichs</u>	<u>Fire Chief</u>	<u>Eric Hichs</u>
<u>Gene Lowery</u>	<u>Police Chief</u>	<u>Gene Lowery</u>

V. CERTIFICATION

1/17/14
Date

[Signature]
Signature of Authorized Official (Applicant)

Director of Public Works
Title

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

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703

NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

City of DeKalb

Name of Organization
200 S. 4th Street DeKalb IL 60115

Mailing Address (P.O. Box #, Street, City & State) *Zip Code*
T. J. Moore, Director of Public Works

Street Address/ Location (if different from mailing address)
DeKalb 815 748-2030

County
The City of DeKalb

_____, the donee,
(Name of Organization)

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 101-6.3) 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.

11/17/14

Date

[Signature]

Signature of Authorized Official (Applicant)

APPROVAL/ACCEPTANCE FOR STATE AGENCY USE ONLY

This applicant has been determined: eligible ineligible conditionally eligible

as: a public agency nonprofit health education nonprofit health education

Account Number: _____ Eligibility Expires: _____

Date: _____ CMS Administrator: _____
(Signature)

LENGTH OF ELIGIBILITY GRANTED: _____ YEAR(S)
(Enter on Authorized Representatives page)



City of DeKalb
200 South 4th Street
DeKalb, IL 60115
ATTN: T. J. Moore

CITY CLERK FILES:
Number: Res 2014-02
Date: 2/10/14

RE: ACCOUNT# 019-H-001

February 25, 2014

Dear Donee:

We have received, reviewed and approved your application to participate in the Federal Surplus Property Program. This letter of acceptance will entitle you to invoice property from our warehouse. A warehouse account number has been assigned to you and is being maintained on file in this office. **Your account number is 019-H-001.** This warehouse account number supersedes any other account number issued to your institution. **All donees are required to complete the application process every three years;** however, donees that are licensed or accredited on a yearly basis (volunteer fire/rescue units, some non-profit health/educational/service agencies) must resubmit proper documents annually. **Any changes in administrative heads or other significant changes must be submitted to our office in writing, as they occur.**

Should you decide to have a representative of your staff other than the representative(s) designated on your Donee Authorization form visit the warehouse in your place, you may do so by letter of authorization with your signature. This will allow the representative(s) to select property and sign the invoice. No representative(s) from your institution will be allowed to purchase items from the Federal Surplus Property Warehouse without prior authorization from you.

As you know, you may visit our warehouse in Springfield, but you can also find and preview the 1000's of equipment items for sale can be found each week on GSAXcess (<http://www.gsaxcess.gov>), please enter the following (case sensitive) generic ID in all CAPs when you find the LOG-IN button on right. The system is generally available 24/7.

<http://www.gsaxcess.gov>

NOTE: Please do not attempt to request equipment prior to enrollment. You must be enrolled in our program and have an established account before requesting property thru the above GSAXcess website. Once enrolled, you will work with our office to request equipment.

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Also, once you find an item of interest, be sure to contact the listed Property Custodian found on the GSAXcess webpage for each item to get more information about the asset (condition, pictures, etc.). Or, for assistance with property requests, please call 217.785.6903, and ask to speak with a Federal Surplus employee who can assist you with property available on GSAXcess... or another option, please copy and email the ITEM CONTROL NUMBER which can be found on the GSAXcess web page (near top of page being viewed) to:

1. Pat Szerletich (pat.szerletich@illinois.gov)
2. Susan Solon (susan.solon@illinois.gov)
3. Tom Burke (tom.burke@illinois.gov)

Let me know if you have further questions or contact any of my staff above for assistance.

Our warehouse is open **Monday through Friday** from **8:00 a.m.** until **4:30 p.m.** unless otherwise posted. We look forward to seeing you during your next visit. If we may be of further assistance, please feel free to contact my office in Springfield or Pete Stachiw in our Chicago office.

SPRINGFIELD LOCATION

Central Management Services
Property Control Division
State/Federal Surplus Property
1924 South 10 ½ St.
Springfield, IL 62703
Telephone: **(217) 785-6903**

CHICAGO LOCATION

Central Management Services
Property Control Division
State/Federal Surplus Property
9511 West Harrison Street
Des Plaines, IL 60016
Telephone: **(847) 294-4187**

Sincerely,

Curtis Howard

Manager, CMS Property Control