

89-1

STATE OF MICHIGAN
FEDERAL PROPERTY ASSISTANCE PROGRAM

WHEREAS, the Birch Run Township Board, State of Michigan has met
(County or City)

all other State and Federal requirements for participation in the Federal
Property Assistance Program under Public Law 94-519

WHEREAS, it is a requirement that a resolution be adopted by the governing
body specifically designating a coordinator as Surplus Property Donee and
Custodian, to be responsible for the acceptance and accountability, and
authorized to sign for surplus property.

NOW THEREFORE, BE IT RESOLVED:

1. That the township board for the township of Birch Run of
(Governing Body) (County or City)
the State of Michigan, hereby designates James Totten
(Name)

who is the authorized coordinator as the person responsible for
accepting Federal Surplus Property, with the power and full authority
to sign for such surplus property.

2. The coordinator above named is to be held responsible for the accounta-
bility and will maintain the necessary records for all surplus property
obtained for public purposes until relieved from accountability by State
and/or Federal authorities.
3. That money is available to pay service charges for surplus property obtained.
4. That the coordinator is further hereby authorized to direct payment of
service charges for surplus property to complete all transactions.

I do hereby certify that the foregoing resolution was adopted by the favorable
vote of a majority of the members of said Birch Run Township Board
(County or City Governing Body)

on Feb. 14, 1989.
(Date)

Marcia A. Strong
Marcia A. Strong, clerk
(Name)

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

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

AGREEMENT NUMBER _____

STATE AGENCY USE ONLY

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

PLEASE PRINT OR TYPE

LEGAL NAME OF ORGANIZATION Birch Run Township		EMPLOYER FEDERAL IDENTIFICATION NUMBER 38-6006-886	
ADDRESS 8411 Main St. Box 152		NAME OF DESIGNATED OFFICIAL James Totten	
CITY Birch Run	COUNTY Saginaw	TITLE supervisor	
STATE MI	ZIP CODE 48415	TELEPHONE NUMBER 517-624-9773	DATE 2-16-89

TYPE OF ORGANIZATION (Check One) <input checked="" type="checkbox"/> Public Agency <input type="checkbox"/> Private, Non-Profit Organization	PURPOSE OF ORGANIZATION <input type="checkbox"/> Conservation <input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Parks/Recreation <input type="checkbox"/> Public Health <input type="checkbox"/> Public Safety <input type="checkbox"/> Civil Defense <input type="checkbox"/> Other _____	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> Township Government <input type="checkbox"/> City Government <input type="checkbox"/> Library <input type="checkbox"/> Museum <input type="checkbox"/> Service to Older Citizens
SOURCE OF FUNDING <input checked="" type="checkbox"/> Appropriation <input type="checkbox"/> Tuition <input type="checkbox"/> Other (Explain) <u>millage levy, state shared revenues</u>	<input type="checkbox"/> Donation <input type="checkbox"/> Grants	

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

<u>Who Must Submit</u>	<u>What to Submit</u>
All Applicants	Non-Discrimination Certificate
Private, Non-Profit Organizations	Certificate of Tax Exempt Status Under Section 501(c) (3), Internal Revenue Code
Public Agencies	Certificate of Adopted Resolution
Services to Older Citizens	Statement Certifying Federal Funding of Programs for Older Citizens
Private Schools & Hospitals	License/Certificate to Operate Facility Issued by state government Department of Jurisdiction.

SIGNATURE OF DESIGNATED OFFICIAL: James Totten DATE: 2-16-89

Applicants will receive notification of approval or disapproval of this application.

FOR STATE USE

APPROVED DISAPPROVED

SIGNED: _____ DATE: _____
 Unit Supervisor, Federal Surplus Property