

FINANCE AND ADMINISTRATION CABINET  
STATE/FEDERAL SURPLUS PROPERTY BRANCH  
999 CHENAULT ROAD  
FRANKFORT, KY 40601

APPLICATION FOR ELIGIBILITY  
To Receive Federal Surplus Property (41 CFR 101-44.207)

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Lexington-Fayette Urban County Government	610858140
Name or Organization	Federal Tax ID #
200 East Main Street, Lexington, KY	40507
Mailing Address (P.O. Box #, Street, City & State)	Zip Code
	Fayette
Street Address/Location (If different from mailing address)	County
tslatin@lexingtonky.gov	859-258-3320
E-Mail Address and Server Name	Telephone #

II. APPLICANT STATUS (CHECK ONE):  Public Agency including Public Schools (evidence must be provided)  Nonprofit, tax-exempt organization

III. TYPE OR PURPOSE OF ORGANIZATION:  State  County  City  School District

- College or University
- Secondary School
- Elementary School
- Preschool
- Structured Workshop Training Program
- Training Center
- Radio/TV Stations
- Library
- Impoverished
- Program for Older Individuals
- Child Care Center
- School for Handicapped
- School for Retarded
- Museum
- Provider of Assistance to Homeless Americans
- Medical Institution
- Hospital
- Health Center
- Clinic
- Other (specify) Urban County Government

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAMS 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 FREE EXEMPT UNDER SETCTION 501 OF THE INTERNAL REVENUE CODE OF 1954? \_\_\_\_\_ (COPY REQUIRED)

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

VIII. I DO HEREBY CERTIFY THAT THE INFORMATION FOR APPLICATION IS TRUE, AND THAT I HAVE READ AND UNDERSTAND ALL INFORMATION REGARDING THE FEDERAL DONATION PROCESS.

Date: 8-6-18

Administrative Signature: 

FOR STATE AGENCY USE ONLY

The applicant has been determined  eligible  ineligible  conditionally eligible  
 a public agency  nonprofit education  nonprofit health

Eligibility expires: \_\_\_\_\_ Account # \_\_\_\_\_

Date: \_\_\_\_\_ Director: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ELIGIBILITY FORMS

(PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY)

- Section I:** Provide the full legal name of your organization on the first line of this section. Provide the mailing address of your organization as recognized by the U.S. Postal Service. Include ZIP Code. Provide the street address if different from mailing address, or provide directions if located on a rural route or other remote area. List the county in which the organization is actually located and a business telephone number with area code.
- Section II:** Check the appropriate box which describes your organization. (If you are unable to determine which status to check, please contact this office for assistance.)
- Section III:** Check the appropriate box or boxes (check as many that apply) which indicates the type or purpose of your organization.
- Section IV:** A comprehensive written description of all programs or services provided is required. A description of the operational facilities should also be included. Be sure to include information on staff and staff qualifications, hours of operations, services and programs offered, population or enrollment, fees charged, etc. Include samples of pamphlets, catalogs, brochures or posters. If incorporated, include complete copy of Articles of Incorporations with all filing certificates and amendments, and a copy of your current By-Laws.
- Section V:** Check the appropriate box which indicates the organization's sources of funding. Supporting documentation indicating the types and amounts of funding must be submitted with the completed application.
- Section VI:** All applicants making application as "Nonprofit, tax-exempt organizations" must provide a copy of the IRS determination letter indicating tax exemption under Section 501 of the I.R.S. Code of 1954. The name of the organization on the IRS letter must match the name provided in Section I of the application. If it does not, include sufficient evidence such as amendments to Articles of Incorporation, or Assumed Name filing certificates to establish an "audit trail" of names showing the legal connection.
- Section VII:** Applicants making applications as "Nonprofit, tax-exempt organizations" are required to submit evidence that the applicant is currently approved, accredited, or licensed. Program for older individuals must include evidence of funding under the Older Americans Act of 1965: Title IV or XX of the Social Security Act: Title VIII or X of the Economic Development Act of 1964: or the Community Services Block Grant Act. Providers of assistance to homeless individuals must include a letter from the mayor, county judge, city or county health officer or comparable authority which certifies that applicant is a "provider of assistance to the homeless". The certification must identify the service or assistance being provided and the number of individuals receiving such assistance.
- Section VIII:** Annotate date and provide an original signature of applicant's Authorized Official (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Fire Chief, or other comparable authorized official). Photocopies rubber stamped, machine produced, carbon, or other facsimile type signatures are not acceptable.
- NOTE:** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. USE THIS INSTRUCTION SHEET AS YOUR CHECK LIST TO ASSURE ALL REQUIRED INFORMATION AND DOCUMENTATION IS PROVIDED. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, PLEASE CALL OUR OFFICE AT (502) 573-4836 AND SPEAK WITH SOMEONE IN OUR ELIGIBILITY SECTION.

**AUTHORIZED REPRESENTATIVES**

**I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:**

**Lexington-Fayette Urban County Government**

Name of Organization

**200 East Main Street, Lexington, KY**

**40507**

Mailing Address (P.O. Box #, Street, City & State)

Zip Code

Street Address/Location (If different from mailing address)

(      )

County

Telephone #

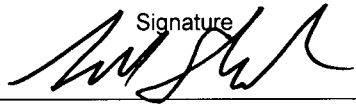
**II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO:**

- 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. X NEW DESIGNATIONS**  
(Delete all previous authorizations)

           **ADDITIONAL DESIGNATIONS ONLY**  
(Add to previous authorizations)

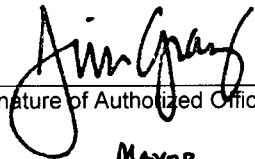
**IV. REPRESENTATIVES:**

Name	Title	Signature
Todd Slatin	Director of Purchasing	

**V. CERTIFICATION**

8-6-18

Date

  
Signature of Authorized Official

**MAYOR**  
Title

## DEFINITIONS

**HOSPITAL** – An approved or accredited public or nonpublic institution providing public health services primarily for inpatient medical or surgical care of the sick and injured, including related facilities such as laboratories, outpatient department, training facilities, and staff offices.

**LIBRARY** – A public or nonprofit facility providing library services free to all residents of a community, district, State or Region.

**LICENSED** – Recognition and approval by the appropriate State or local authority approving institutions or programs in specialized areas. Licensing generally relates to established minimum public standards of safety, sanitation, staffing and equipment as they relate to the construction, maintenance and operation of a health or educational facility, rather than to the academic, instructional or educational or public health program such as occupational training, physical or mental health rehabilitation services, or nursing care. Licenses frequently must be renewed at periodic intervals.

**LOCAL GOVERNMENT** – A government or administration of a locality within a State or a possession of the United States.

**MEDICAL INSTITUTION** – An approved, accredited or licensed public or nonprofit institution, facility, entity or organization the primary function of which is the furnishing of public health and medical services to the public at large or promoting public health through the conduct or research for any such purposes, experiments, training or demonstrations related to cause, prevention and methods of diagnosis and treatment of diseases and injuries. The term includes, but is not limited to, hospitals, clinics, alcohol and drug abuse treatment centers, public health or treatment centers, research and health centers, geriatric centers, laboratories, medical schools, dental schools, nursing schools and similar institutions. The term does not include institutions primarily engaged in domiciliary care although a separate medical facility within such a domiciliary institution may qualify as a "medical institution".

**MUSEUM** – A public or private nonprofit institution which is organized on a permanent basis essentially for educational or aesthetic purposes and which, using professional staff, owns or uses tangible objects, whether animate or inanimate; cares for these objects; and exhibits them to the public on a regular basis either free or at a nominal charge. As used in the Donation Program, the term "museum" includes, but is not limited to, the following institutions if they satisfy all other provisions of FPMR 101-44.207; aquariums and zoological park; botanical gardens and arboretums; museums relating to art history, natural history, science and technology and planetarium. For the purposes of this program, an institution uses a professional staff if it employs full time at least one qualified staff member who devotes his or her time primarily to the acquisition, care or public exhibition, of objects owned or used by the institution. This definition of museum does not include any institution which exhibits objects to the public if the display or use of the object is only incidental to the primary function of the institution. For example, an institution which is engaged in the sale of antiques, objects d'art or other artifacts and which incidentally provides displays to the public of animate or inanimate objects, either free or at a nominal charge, does not qualify as a museum.

**NONPROFIT TAX-EXEMPT ACTIVITY** – An institution or organization, no part of the net earnings of which inures or may lawfully inure to the benefit of any private shareholder or individual, and which has been held to be tax-exempt under the provisions of section 501 of the Internal Revenue Code of 1954.

**PROGRAM FOR OLDER INDIVIDUALS** – Any State or local government agency or any nonprofit, tax-exempt activity which receives funds appropriated for programs for older individuals under the Older Americans Act of 1965 as amended under Title IV of Title XX of the Social Security Act, or under Titles VIII and X of the Economic Opportunity Act of 1964 and the Community Services Block Grant Act.

**PROVIDER OF ASSISTANCE TO HOMELESS INDIVIDUALS** – A public or nonprofit, tax-exempt institution or organization that operates as a program which provides assistance such as food, shelter or other services to homeless individuals, as defined above. Property acquired through the donation program by such institutions or organizations must be exclusively in their program(s) for providing to homeless individuals.

**PUBLIC HEALTH INSTITUTION** – An approved, accredited or licensed public or nonprofit institution, facility, entity or organization conducting a public health program such as a hospital, clinic, health center or medical institution, including research for any such program, the services of which are available to the public at large.

**SCHOOL (except schools for the mentally retarded and schools for the physically handicapped)** – A public nonprofit approved or accredited organizational entity devoted primarily to approved academic, vocational or professional study and instructions which operates primarily for educational purposes on a full-time basis for a minimum school year and employs a full-time staff of qualified instructors.

**SCHOOL FOR THE MENTALLY RETARDED** – A facility or institution operated primarily to provide specialized instructions to students of limited mental capacity. It must be public or nonprofit and must operate on a full-time basis for the equivalent of a minimum school year prescribed for public school instruction of the mentally retarded; have staff of qualified instructors and demonstrate that the facility meets the health and safety standards of the State or local governmental body.

**SCHOOL FOR THE PHYSICALLY HANDICAPPED** – A school organized primarily to provide specialized instructions to students whose physical handicap necessitate individual or group instruction. The school must be public or nonprofit and operate on a full-time basis for the equivalent of a minimum school year prescribed for public school instruction for the physically handicapped; have a staff of qualified instructors and demonstrate the facility meets the health and safety standards of the State or local governmental body.

**UNIVERSITY** – A public or nonpublic approved or accredited institution for instruction and study in the higher branches of learning and empowered to confer degrees in special departments or colleges.

**NONDISCRIMINATION ASSURANCE**

**LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:**

**Lexington-Fayette Urban County Government**

Name of Organization

**200 East Main Street, Lexington, KY 40507**

Mailing Address (P.O. Box#, Street, City, State)

Zip Code

Street Address/Location (If different from mailing address)

**Fayette**

**859-258-3320**

County

Telephone

**Lexington-Fayette Urban County Government**, the donee,

Name of Organization

agree's 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 101-8) 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 Administration 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 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.

**8-6-18**

Date

(Signature of Authorized Official)



## DEFINITIONS

**APPROVED** – Recognition and approval by the State Department of Education, State Department of Health, or other appropriate authority where no recognized accrediting board, association, or other authority exists for the purpose of making an accreditation. For an educational institutional or an educational program, approval must relate to academic or instructional standards established by the appropriate authority. An educational institution or program may be considered approved if instruction and credits therefore are accepted by three accredited or State-approved institutions, or it meets the academic or instructional standards prescribed for public schools in the State; i.e., the organizational entity or program is devoted primarily to approved academic, vocational (including technical or occupational), or professional study and instruction, which operates primarily for educational purposes on a full-time basis for a minimum school year as prescribed by the State and employs a full-time staff of qualified instructors. For a public health institution or program, approval must relate to the medical requirements and standards for the professional and technical services of the institution established by the appropriate authority. A health institution or program may be considered as approved when a State body having authority under law to establish standards and requirements for public health institutions renders approval thereto whether by accreditation procedures or by licensing or such other method prescribed by State law. In the absence of an official State approving authority for public health institution or program or educational institution or program, the awarding of research grants to the institution or organization by a recognized authority such as the National Institute of Health, the National Institute of Education, or by similar national council or organization may constitute approval of the institution or program provided all other criteria are met.

**ACCREDITED** – Approved by a recognized accrediting board or association, at a regional, State or national level such as a State board of education or health; the American Hospital Association; a regional or national accrediting association for universities, colleges, or secondary schools; or another recognized accrediting association.

**ADULT DAY CARE** – A program of services provided under leadership in an ambulatory care setting for adults who do not require 24 hour institutional care and yet, due to physical and/or mental impairment, are not capable of full-time independent living. Participants in the day care program are referred to the program by their attending physician or by some other appropriate source such as an institutional discharge planning program, a welfare agency, etc. The essential elements of a day care program are directed toward meeting the health maintenance and restorative needs of participants. However, there are socialization elements in the program which, by overcoming the isolation so often associated with illness in the aged and disabled, are considered vital for the purpose of fostering and maintaining the maximum possible state of health and well-being.

**CHILD CARE CENTER** – A public or nonprofit facility where educational, social, health, and nutritional services are provided to children through age 14 or as prescribed by State law, and which is approved or licensed by the State or other appropriate authority as a child day care center or child care center.

**CLINIC** – An approved public or nonprofit facility organized and operated for the primary purpose of providing outpatient public health services, including customary services such as laboratories and treatment rooms.

**COLLEGE** – An approved or accredited public or nonprofit institution of higher learning offering organized study courses and credits leading to a baccalaureate or higher degree.

**ECONOMIC DEVELOPMENT** – A program(s) carried out or promoted by a public agency for public purposes which involves, directly or indirectly, efforts to improve the opportunities of a given political area for the successful establishment or expansion of industrial, commercial, or agricultural plants or facilities and which otherwise assists in the creation of long term employment opportunities in the area or primarily benefits the unemployed or those with low incomes. For public agency use may not act as a conduit for the transfer of property.

**EDUCATIONAL INSTITUTION** – An approved, accredited or licensed public or nonprofit institution, facility, entity or organization conducting educational program including research for any such program, such as child care center, school, college, university, school for the mentally retarded, school for the physically handicapped or an educational radio or television station.

**EDUCATIONAL RADIO STATION** – A radio station licensed by the Federal Communications Commission and operated exclusively for noncommercial educational purposes and which is public or nonprofit and tax-exempt under section 501 of the Internal Revenue Code of 1954.

**EDUCATIONAL TELEVISION STATION** – A television station licensed by the Federal Communication Commission and operated exclusively for noncommercial educational purposes and which is public or nonprofit and tax-exempt under section 501 of the Internal Revenue Code of 1954.

**HEALTH CENTER** – An approved public or nonprofit facility utilized by a health unit for the provision of public health services. Including related facilities such as diagnostic and laboratory facilities and clinics.

**HOMELESS INDIVIDUAL** – An individual who lacks a fixed, regular and adequate nighttime residence or who has a primary nighttime residence that is: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter and transitional housing for the mentally ill); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. For purposes of this regulation, the term does not include individuals imprisoned or otherwise detained pursuant to an Act of the Congress or a State Law.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS**

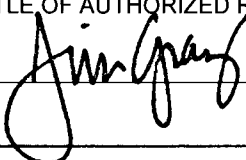
This verification is required by the General Services Administration regulations implementing Executive Order 12549-41 CFR 105-68-for all lower tier transactions meeting the requirements stated at 41 CFR 105-68.110.

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government, the department of agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9 subpart 9.4, debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to check the List of Parties Excluded from Federal Procurement and Non-procurement Program.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

<b>Lexington-Fayette Urban County Government</b>	
NAME OF DONEE APPLICANT	
<b>Mayor</b>	
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
	<b>8-6-18</b>
SIGNATURE	DATE