



SURPLUS PROPERTY PROGRAM AUTHORIZED REPRESENTATIVES

For Program Use:	
Donee # _____	
Approved to Acquire:	
State: Yes No	
Federal: Yes No	

The state surplus program is mandated to update all program participant's account information at regular intervals. Fill out all sections in full to designate the representatives authorized to acquire surplus property on your account. Contact this office for assistance with this document or to learn more about how your organization can access surplus property.

1. Legal Name of Organization YELLOWSTONE COUNTY																																															
Mailing Address PO BOX 35003	City BILLINGS	State MT	Zip Code 59107																																												
Street Address/Physical Location (if different from above) 2825 3RD AVE N BILLINGS MT 59101	Email Address JJONES@YELLOWSTONECOUNTYMT.GOV	Telephone Number 406-256-2816																																													
<p>2. Although other representatives from your organization may visit the surplus warehouses, the individuals listed below are the only ones authorized to:</p> <ul style="list-style-type: none"> A. Acquire Federal and State Surplus Property B. Obligate necessary funds for this purpose; and C. Sign Distribution Documents binding your organization to terms, conditions, reservations, and restrictions applying to property obtained through the Agency. 																																															
<p>3. <input checked="" type="checkbox"/> Check this box to include the Authorizing Official in Box 5 as a designated representative on the account.</p>																																															
<p>4. REPRESENTATIVES. Please ensure that all columns are legible. Signatures are required for each representative. Any names listed without signature will not be added. Signatures must be actual, AdobeSign or DocuSign. Email addresses listed will receive occasional inventory lists of available property.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME (print)</th> <th style="width: 20%;">TITLE</th> <th style="width: 30%;">SIGNATURE (required)</th> <th style="width: 25%;">EMAIL</th> </tr> </thead> <tbody> <tr> <td>ANNA ULLOM</td> <td>SENIOR ACCOUNTANT</td> <td><i>Anna UlloM</i></td> <td>AULLOM@YELLOWSTONECOUNTYMT.GOV</td> </tr> <tr> <td>JENNIFER JONES</td> <td>FINANCE DIRECTOR</td> <td><i>Jennifer Jones</i></td> <td>JJONES@YELLOWSTONECOUNTYMT.GOV</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				NAME (print)	TITLE	SIGNATURE (required)	EMAIL	ANNA ULLOM	SENIOR ACCOUNTANT	<i>Anna UlloM</i>	AULLOM@YELLOWSTONECOUNTYMT.GOV	JENNIFER JONES	FINANCE DIRECTOR	<i>Jennifer Jones</i>	JJONES@YELLOWSTONECOUNTYMT.GOV																																
NAME (print)	TITLE	SIGNATURE (required)	EMAIL																																												
ANNA ULLOM	SENIOR ACCOUNTANT	<i>Anna UlloM</i>	AULLOM@YELLOWSTONECOUNTYMT.GOV																																												
JENNIFER JONES	FINANCE DIRECTOR	<i>Jennifer Jones</i>	JJONES@YELLOWSTONECOUNTYMT.GOV																																												
<p>5. SIGNATURE & TITLE OF AUTHORIZING OFFICIAL (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Fire Chief, or other comparable authorized official). Signature must be actual, AdobeSign or DocuSign.</p> <p>MARK MORSE _____ COMMISSIONER _____ Printed Name of Authorizing Official Title</p> <p>Signature of Authorizing Official _____ Date _____</p>																																															

Submit to:

SURPLUS PROPERTY & RECYCLING

(406) 444-9921
gsd.mt.gov/SPR

16 West Custer Ave
Helena, MT 59620

PO Box 200137
Helena, MT 59620-0137

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

This certification is required by the General Services Administration regulations implementing Executive Order 12549-41 Code of Federal Regulations (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 an 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 whom 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 section of rule 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 solicitation 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 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 Programs.
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 a 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 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.

NAME OF DONEE APPLICANT:

PRINTED NAME AND TITLE OF AUTHORIZED SIGNER:

SIGNATURE:

DATE:

Submit to:



SURPLUS PROPERTY PROGRAM NONDISCRIMINATION ASSURANCE

Full legal name of applicant organization (hereafter called the donee)

hereby 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 service 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 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.

DATED: _____

BY: _____

Signature of Authorizing Official & Title

Submit to:

 **SURPLUS PROPERTY & RECYCLING**

(406) 444-9921
gsd.mt.gov/SPR

16 West Custer Ave
Helena, MT 59620

PO Box 200137
Helena, MT 59620-0137

SPR2021CivilRights