

- State Agency
- City
- County
- Special District

Applicant Name: Sacramento City Unified School District

Form 201 -A – Application Yes No

Form 203 – Non-Discrimination Certification Yes No

Form 204 – Racial and National Origins of all Persons within Your Service Area Yes No

Debarment Form Yes No

Sign and Date Terms and Conditions Yes No

Proof of State/Public Agency Status
(Submitting in State Directory, etc.) Yes No

Current CBEDS or WASC (if applicable) Yes No

DEPARTMENT OF GENERAL SERVICES
OFFICE OF FLEET AND ASSET MANAGEMENT
ELIGIBILITY APPLICATION (RENEWAL)
SASP 201-A (Rev 3/15/)

Governor Edmund G. Brown Jr.

ELIGIBILITY RENEWAL APPLICATION STATE & FEDERAL SURPLUS PROPERTY PROGRAM

Agency Name: _____ Title: _____

Address 5735 47th Avenue City Sacramento Zip 95824
E-mail Evilga.Zevalata@csd.sdsu.edu

Organization is a: PUBLIC GOVERNMENTAL AGENCY PRIVATE AGENCY/ORGANIZATION

A. Conservation _____ A. Homeless Program

B. Economic Development _____ B. Private Education - ADA

C. Education - ADA _____ C. Private Health

STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES

[REDACTED]

[REDACTED]

Sacramento City Unified School District
donee

SASP 203 (Rev 3/15)

**ASSURANCE OF COMPLIANCE WITH GSA REGULATIONS UNDER TITLE VI OF
THE CIVIL RIGHTS ACT OF 1964, SECTION 606 OF TITLE VI OF THE FEDERAL
PROPERTY AND ADMINISTRATIVE SERVICES ACT OF 1949, AS AMENDED,
AND SECTION 204 OF THE AGE DISCRIMINATION ACT OF 1975, AS AMENDED**

[REDACTED]

[REDACTED]

**TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AS AMENDED
AND SECTION 202 OF THE AGE DISCRIMINATION ACT OF 1975**

[REDACTED]

OFFICE OF FLEET AND ASSET MANAGEMENT
ELIGIBILITY APPLICATION (NEW)
SASP 204 (Rev 3/15)

**STATE OF CALIFORNIA
NEW APPLICATION FOR ELIGIBILITY**

Pursuant to Federal Regulation 28 C.F.R. §§ 42.401 - 42.415, a recipient is mandated to report to the Federal Government the racial and national origins of all persons within your service area. You are therefore asked to supply the Office of Fleet and Asset Management with the race and national origins of individuals you serve in your service area (it may be helpful to refer to the US Census to determine the racial makeup of your service area at www.factfinder.census.gov/). This form must be

completed and returned with the rest of the eligibility packet in order to qualify for the Federal Surplus Property Program. Your answers on this form in no way affect your eligibility; however, not returning the form will delay the processing of

**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

[REDACTED]

12549-41 CFR 105-68 – for all lower tier transactions meeting the requirements stated at 41 CFR 105-68.110.

Instructions for Certification

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.</p> <p>2. The certification in this clause is a material representation of</p> | <p>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."</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

[REDACTED]

A) The Donee Certifies That:

4. I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief.