

STATE OF CALIFORNIA
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

A. Name of the Organization County of Solano Telephone 707-784-6320
Address 675 Texas Street, Suite 2500 City Fairfield, CA Zip 94533
Fax Number 707-784-6320 E-mail Address purchasing@solanocounty.com

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
☐ D. Parks & Recreation ☐ D. Older Americans Act for Sr. Citizens
☐ E. Public Health ☐ E. Other, Explain
☒ F. Public Safety
☒ G. Other, Explain County

Number of Service Sites _____
Total Number of Clients Served Each Day _____

RESOLUTION

B. "BE IT RESOLVED by the Governing Board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) are listed below shall be and is (are) hereby authorized as our representative(s) to acquire surplus property through the auspices of the California State Agency for Surplus Property and accept responsibility for payment of incidental fees by the surplus property agency under the Terms and Conditions accompanying this form or listed on the reverse side of this form."

NAME (Print or type)	TITLE	SIGNATURE*	E-MAIL ADDRESS
Dianne Luna	Central Services Mgr.		deluna@solanocounty.com
M. Farid Atmar	Buyer, Senior		mfaratmar@solanocounty.com
JoAnn Epperson	Buyer		jepperson@solanocounty.com
Karen Poole	Buyer		kdpool@solanocounty.com
Lacey Dillon	Stores Supervisor		ladillon@solanocounty.com

***Note: All signatures must be in original form. No copied or stamped signatures.**

The above resolution was PASSED AND ADOPTED this _____ day of _____ 20____ by the Governing Board of the:

County of Solano by the following vote: AYES: _____ NOES: _____ ABSENT: _____

I, _____ Clerk of the Governing Board known as _____

Do hereby certify that the foregoing is a full, true, and correct resolution adopted by the governing board of the above named organization at the meeting thereof held at its regular place of meeting on the date and by the vote above stated, a copy of said resolution is on file in the principal office of the Governing Board.

Signed by: _____

NOTE: ALL LOCAL GOVERNMENT & NON-PROFIT INCORPORATED ORGANIZATIONS HAVE A GOVERNING BOARD, THEREFORE COMPLETE ONLY SECTIONS "A" & "B". THE FOLLOWING SECTION "C" IS FOR STATE AGENCIES ONLY.

C. AUTHORIZED BY: _____
Printed Name and Title of Chief Administrative Officer

Signature of Chief Administrative Officer Date

STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE# Q-4053

FOR STATE SURPLUS AGENCY USE ONLY

Renewal Application Approved _____ Renewal Application Disapproved _____

Date: _____ Signed: _____

Donee Number: _____ Billing Code: _____ Expiration Date: _____

OFFICE OF FLEET AND ASSET MANAGEMENT | State of California | Government Operations Agency
1700 National Drive | Sacramento, CA 95834

