

RESOLUTION FOR PARTICIPATION IN
STATE OF ILLINOIS
FEDERAL SURPLUS PROPERTY PROGRAM

(Village of Campton Hills
(County of Kane
(STATE OF ILLINOIS

WHEREAS, the Village of Campton Hills has limited fiscal resources available for the procurement of heavy-duty construction equipment, vehicles, commodities, and other property; and

WHEREAS, the State of Illinois' Federal Surplus Property Program offers a variety of surplus property at approximately 5-25 percent of the acquisition value, effectively reducing program costs by acquiring items that have been used to their life expectancy or property that must be replaced for safety or economic reasons; and

WHEREAS, the Village of Campton Hills agrees to the following terms and conditions: to use the surplus property only in the official program which it represents; and upon receipt, agrees to place the surplus property into use within one year; and it agrees that the property shall be used for a period of one year (certain items, eighteen months); that it agrees it will not sell, loan, trade or tear down the property without written consent from the State of Illinois; and

WHEREAS, the Village of Campton Hills understands that surplus property must be used in an authorized program and that personal use or non-use of surplus property is not allowed;

THEREFORE, be it resolved that the Village of Campton Hills does hereby consent and decree that the Village of Campton Hills is authorized to participate in the State of Illinois Federal Surplus Property Program.

This Resolution shall be in full force and effect from and after its passage and approval pursuant to law.

Passed this 17th day of September, 2013 by roll call vote:

	AYES	NAYES	ABSENT	ABSTAIN
Trustee Laura B. Andersen	_____	_____	X _____	_____
Trustee Susan P. George	X _____	_____	_____	_____
Trustee James W. Kopec	X _____	_____	_____	_____
Trustee Albert Lenkaitis, Jr.	X _____	_____	_____	_____
Trustee Mike D. Millette	X _____	_____	_____	_____
Trustee Harry Blecker	X _____	_____	_____	_____
President Patsy J. Smith	_____	_____	_____	_____

APPROVED THIS 18th DAY OF SEPTEMBER, 2013

Patsy J. Smith

Patsy J. Smith, Village President

(SEAL)

ATTEST: *Carolyn Higgins*

Carolyn Higgins, Village Clerk

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703 PHONE: (217) 785.6903

APPLICATION FOR ELIGIBILITY

To Receive Federal Surplus Property (41 CFR 101-44-207)

Federal Surplus Account Number Issued: (To be completed by CMS Office)

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Village of Campton Hills 26-0195729
Name of Organization Federal Tax ID #
40W270 LaFox Rd., Suite B, Campton Hills, IL 60175
Mailing Address (P.O. Box #, Street, City & State) Zip Code

Street Address/ Location (if different from mailing address)

Kane (30) 584-5775
County Telephone #

II. APPLICANT STATUS (CHECK ONE):

- Public Agency including Public Schools (check one)
Nonprofit, tax-exempt organization (Provide Evidence)
Nonprofit Health -OR- Nonprofit Education

III. TYPE OR PURPOSE OF ORGANIZATION:

- State, County, City/Village, Education, Hospital/Health, Township, Road District, Public Safety, College or University, S.A. 8(a), Elementary or Secondary School, Program for Older Individuals, Library, Hospital, Americans w/ Disabilities, Provider to Homeless (Shelters), Child Care Center, Museum, S.E.A. (Scouts, Red Cross), Radio/TV Station, Nursing Home, Public Health / Clinic, Provider to Needy (Food), Veteran Organizations

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAM 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 EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: YES (COPY REQUIRED)

VII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? YES (COPY REQUIRED) BY WHAT AUTHORITY? STOFIL (VILLAGE)

9/18/13
Date

Patricia J. Smith
Applicant Signature

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703

AUTHORIZED REPRESENTATIVES

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

FEDERAL TAX ID #: 26-0195729

Email: president@villageofcamptonhills.org

Village of Campton Hills

Patsy Smith, Village President

Name of Organization

Administrative Head

402710 Latox Rd, Suite B, Campton Hills, IL 60175

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

Zip Code

Street Address/Location (If different from mailing address)

Cane

(630) 584-5770

County

Telephone #

Patsy Smith

(630) 584-5775

Send Correspondence to the Above Named Representative

Fax #

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. NEW DESIGNATIONS
(Delete all previous authorizations)

ADDITIONAL DESIGNATIONS ONLY
(Add to previous authorizations)

IV. REPRESENTATIVES

Print Name	Title	Signature
Patsy Smith	Village President	Patsy J Smith
Dan Hoffman	Chief of Police	Dan Hoffman

V. CERTIFICATION

9/18/13
Date

Patsy J Smith
Signature of Authorized Official (Applicant)

Village President
Title

LENGTH OF ELIGIBILITY GRANTED BY CMS:

____ YEAR(S) (FOR CMS OFFICE USE ONLY)

ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703

NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Village of Campton Hills
Name of Organization
40w270 LaFox Rd, Suite B, Campton Hills, IL 60175
Mailing Address (P.O. Box #, Street, City & State) Zip Code

Street Address/ Location (If different from mailing address)
Care (630) 584-5700
County

The Village of Campton Hills, the donee,
(Name of Organization)

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 Services Administration (41 C.F.R. 101-6.2 and 101-6.3) issued under the provisions of Title VI of the Civil Rights Act of 1964, as amended, section 608 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.

9/18/13
Date

Patry J Smith
Signature of Authorized Official (Applicant)

APPROVAL/ACCEPTANCE FOR STATE AGENCY USE ONLY

This applicant has been determined: [] eligible [] ineligible [] conditionally eligible
as: [] a public agency [] nonprofit education [] nonprofit health

Account Number: - - - Eligibility Expires: - - -

Date: CMS Administrator: (Signature)

LENGTH OF ELIGIBILITY GRANTED: YEAR(S)
(Enter on Authorized Representatives page)