

RENEWAL
APPLICATION FOR ELIGIBILITY
FEDERAL PROPERTY UTILIZATION PROGRAM
UNDER P.L. 94-519

Dept. of General Services
Federal Surplus Property
1655 Salem Industrial Dr. NE
Salem, OR 97310
378-4714

AUTHORIZATION OF PARTICIPANTS

Executive No. _____

RESOLUTION 91-49

"BE IT RESOLVED by the Governing Board, OR by the Chief Administrative Officer of those organizations which do not have a governing board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) is (are) listed below shall be and is (are) hereby authorized as our representative(s) to acquire federal surplus property from the Oregon State Agency for Surplus Property under the Terms and Conditions listed on the reverse side of this form."

NAME (Print or Type)	TITLE	SIGNATURE
<u>LILLIE M. WALKER</u>	<u>PURCHASING DIRECTOR</u>	<u><i>Lillie M. Walker</i></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PASSED AND ADOPTED this _____ day of _____, 19____, by the Governing Board
of _____

I, _____, Clerk of the Governing Board of

_____ do hereby certify that the foregoing is a full, true and
correct copy of a resolution adopted by the Board at a _____ meeting thereof held at its regular place of
meeting at the date and by the vote above stated, which resolution is on file in the office of the Board.

Multnomah County Purchasing Section
Name of organization

2505 S.E. 11th Ave.
Mailing address

Portland, OR 97202
City County ZIP Code

[Signed] _____
(Legally Authorized Official)

OR
AUTHORIZED this 18th day of April, 1991, by:

Gladys McCoy _____ County Chair
Name of chief administrative officer Title

Multnomah County Board of County Commissioners
Name of organization

1021 S.W. 4th Rm. 606
Mailing address

Portland Multnomah OR 97204
City County ZIP Code

[Signed] _____
(Legally Authorized Official)
County Commissioners - Vice Chair



- FOR STATE AGENCY USE**
1. Applicant is approved as a: _____ Public Agency
_____ Nonprofit Educational Institution
_____ Nonprofit Public Health Institution
2. Applicant is not approved: _____ Comment: _____

Date _____

State Agency Approving Officer