

**TEXAS FACILITIES COMMISSION  
FEDERAL SURPLUS PROPERTY PROGRAM**

P.O. Box 13047, Austin, Texas 78711 \* TEL: (512) 962-4167 \* FAX: (512) 236-6173

\* [federal.surplus@tfc.state.tx.us](mailto:federal.surplus@tfc.state.tx.us)

[www.tfc.state.tx.us/fsp](http://www.tfc.state.tx.us/fsp)

**APPLICATION FOR ELIGIBILITY**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ELIGIBILITY FORM  
TO RECEIVE FEDERAL SURPLUS PROPERTY (41 CFR 101-44.207)**

*See pages 8-11 for list of required supporting documentation that must be submitted with application.*

**All donees\* must reapply every three (3) years. To reapply, a donee must submit a completed Application for Eligibility along with required supporting documentation. Once we have it on file, some documentation (i.e. IRS letter, SBA letter, Articles of Incorporation, or proof of public agency status) do not have to be re-submitted unless your status or legal name has changed. (\*donee = the applicant organization)**

**Instructions for completing page 2:**

**SECTION I:** Provide the full legal name of your organization and Federal Employer ID#. Provide the complete mailing address of your organization as recognized by the U.S. Postal Service, including the nine-digit Zip Code. If the street address is different from the mailing address, provide that address or directions if located on a rural or remote area. Provide a phone number, fax number (if available) and an email address (required). **E-mail addresses provided will receive notices about program updates, account status, compliance actions, and available property.**

**SECTION II:** Check the appropriate box that describes your organization. Organizations that do not fall under at least one of these categories are not eligible for the Federal Surplus program.

**SECTION III:** Check the appropriate box or boxes (check as many as apply) that indicate the type or purpose of your organization. If you are unable to determine which box to check, please contact this office for assistance. Please see pages 8-11 for an explanation of the eligibility requirements for each type of organization.

**SECTION IV:** Indicate source(s) of funding for your organization. Depending on your organization type, you may need to include a comprehensive description of all programs or services, a description of the operational facilities and/or supporting documentation regarding funding source(s). Please see pages 8-11 to determine if this requirement applies to your organization. Public agencies (i.e. cities, counties, state agencies, public schools) are not required to submit additional documentation for this section. Payment for property must be in the form of a check drawn on the account of your organization or parent/charter organization.

**SECTION V:** Nonprofit organizations must provide a current, valid IRS Tax Exemption Letter indicating your organization is exempt under Section 501(C) of Internal Revenue Code. The name of the organization on the IRS letter must match the name provided in Section I of this application. If not, applicant must include sufficient evidence, such as amendments to Articles of Incorporation or Assumed Name filing certificates, to establish the connection. Please see pages 8-11 to determine if this requirement applies to your organization. Public agencies (i.e. cities, counties, state agencies, public schools) and VFDs are not required to submit documentation for this section.

**SECTION VI:** Most nonprofit organizations are required to submit evidence of current approval, accreditation or license from a nationally recognized accrediting or licensing organization. Recreational, social service, referral only, religious and counseling service programs are not eligible to participate in the program. Please see pages 8-11 to determine if this requirement applies to your organization. Public agencies (i.e. cities, counties, state agencies, and public schools) and VFDs are not required to submit additional documentation for this section.

**SECTION VII:** Provide an original, dated signature of applicant's Authorizing Official (i.e. Chief Executive or Financial Officer, County Judge, Mayor, City Manager, Superintendent, Fire Chief, Executive Director, CEO/President, Board Chairman, or other person with executive authority to execute legal documents for the applicant). Applications submitted by counties must be signed by the County Judge. Type or print the name and title of authorizing official on the lines provided.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, PLEASE CALL (512) 962-4167.**

**SUBMIT PAGES 2-6 OF APPLICATION TO:**

*Applications may be emailed, faxed or mailed.*

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**SIGNATURE FROM AUTHORIZING OFFICIAL IS REQUIRED ON PAGES 2 - 6**

## PROPERTY COMPLIANCE PERIOD

Participating organizations (referred to as "donees" by the federal government) are required to use the property obtained through the program for a specific amount of time before the property can be sold, transferred or otherwise disposed of. The compliance period is often determined by the "original acquisition cost" of the item. The "original acquisition cost" is defined as the amount the federal government paid when it was initially purchased.

- Property must be used for the program approved for participation in the Federal Surplus Property program.
- All property must be placed into use within one year of the invoice date.
- Property is considered "in use" as soon as it is ready and able to serve its intended purpose.
- The compliance period varies according to item and donee type but is **at least** 12 months from date put into use.
  - For property valued at less than \$5,000 in original acquisition cost, the compliance period is 12 months from the date put into use.
  - For property valued at \$5,000 or more in original acquisition cost and all passenger motor vehicles, the compliance period is 18 months from the date put into use. Not applicable to Service Educational Activities.
  - For items requiring special handling or use limitations for which a Conditional Transfer Document (CTD) must be signed, donee will adhere to the terms and conditions of use set forth on the CTD.
  - Some items, such as non-combat aircraft and vessels longer than 50 feet, have a compliance period of 60 months (5 years) from the date put into use.
  - Some items, such as combat aircraft and firearms, are considered "perpetual use." Donee organizations do not obtain title or ownership to property designated "perpetual use" by the federal government. The compliance period is considered to be "perpetual" or ongoing on these items. If a donee has a perpetual use item that is no longer needed or used, then the donee must contact TFC for return instructions. The donee may not dispose of a perpetual use item without prior, written approval from TFC.
- TFC staff performs scheduled and unscheduled onsite property compliance visits to ensure the property is being used as represented. The donee agrees to make the property available for visual inspection by TFC staff in a timely manner.
- If the property is not paid for in full or is not being used or handled as required, the donee will be required, at its expense, to return the property to TFC or offer for transfer to another donee, as instructed by TFC.
- Property must be used and stored at the street address listed on page 2 of this Application, or at other appropriate donee-managed satellite locations (for example, county precinct barns, district fire stations, school campuses, maintenance/transportation warehouse). Property may not be removed indefinitely from an approved location without prior, written approval from TFC.
- Property may not be stored at a personal residence, unrelated business or storage facility, or any other location that is not managed by the donee organization. Property is not intended for personal use; it must be readily accessible to all donee staff.
- Donees are required to complete reports regarding property use as a condition of participating in the program.
- **During the compliance period, the donee may not sell, trade, lease, lend, bail, cannibalize, encumber, or otherwise dispose of such property, or remove it permanently, for use outside the State, without the prior approval of GSA.**
- **If property is sold, transferred, or otherwise disposed of during the compliance period, the donee may be subject to penalties and fines, as well as possible state or federal prosecution.**

I understand and agree to the above terms and conditions regarding property compliance and reporting and the Certifications & Agreements on page 5.

**IMPORTANT NOTE FOR SBA 8(a) APPLICANTS:** If applying as an SBA 8(a) business, I understand that the property compliance terms identified above do not apply to my business and that as an SBA 8(a) business I must follow SBA property compliance guidelines. Additionally, I understand that I may not have access to certain items – including aircraft or property with an original acquisition cost of \$5,000 or more – if my business is due to graduate from the SBA 8(a) program with insufficient time to cover the entire federally required compliance period for that item.

**X**

\_\_\_\_\_  
SIGNATURE OF AUTHORIZING OFFICIAL

\_\_\_\_\_  
DATE

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## AUTHORIZED REPRESENTATIVES

- I. An "Authorized Representative" is a person authorized to sign for the release of property on your organization's behalf. An Authorized Representative must sign in the "Signature" provided space below to sign for the release of property. All others listed below may visit our warehouses and will be included in email broadcasts from our office but will not be able to sign for the release of property.
- II. All representatives listed in any prior applications or account updates will be deleted from the account.
- III. **E-MAIL ADDRESSES PROVIDED MAY RECEIVE NOTICES ABOUT PROGRAM UPDATES, ACCOUNT STATUS, COMPLIANCE ACTIONS, AND AVAILABLE PROPERTY.**
- IV. Valid driver's license or state issued photo identification may be required prior to entering state or federal facilities.
- V. The Authorizing Official will automatically be included as an Authorized Representative unless indicated below:
  - a. \_\_\_\_\_ (Initial here) I, as the Authorizing Official, do NOT want to be an Authorized Representative able to sign for property. (Leave blank if the Authorizing Official should be an Authorized Representative.)

NAME	TITLE	TELEPHONE and EMAIL ADDRESS	SIGNATURE
Raul Cantu	Captain - Sheriff Office	956-393-6022 raul.cantu@hidalgo.org	
Oscar Villarreal	Director of Facilities Management	956-289-7850 oscar.rvillarreal@co.hidalgo.tx.us	
Ricardo Saldana	Emergency Mgmt. Coordinator	956-318-2615 ricardo.saldana@co.hidalgo.tx.us	
Homero Garza	Fire Marshal	956-318-2656 homero.garza@co.hidalgo.tx.us	
Joe Espinoza	Chief Constable Pct 1	956-447-3775 joe.espinoza@co.hidalgo.tx.us	
Armando Campos	Chief Constable Pct 2	956-784-3510 armando.campos@co.hidalgo.tx.us	
Rene Gonzalez	Chief Constable Pct 3	956-581-6800 rene.gonzalez@co.hidalgo.tx.us	
Horald Sanchez	Chief Constable Pct 4	956-383-8560 horald.sanchez@co.hidalgo.tx.us	

Applicant hereby certifies the information provided is correct and complete and s/he understands and agrees to all terms and conditions.

Hidalgo County  
NAME OF APPLICANT ORGANIZATION

Richard Cortez, County Judge  
PRINTED NAME OF AUTHORIZING OFFICIAL

**X**  
SIGNATURE OF AUTHORIZING OFFICIAL

DATE

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**APPLICATION FOR ELIGIBILITY**

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK WHERE APPROPRIATE

**I. ORGANIZATION NAME & INFORMATION:** *Payments must be in the name of donee or parent company.*

<u>Hidalgo County</u>	<u>74-6000717</u>
LEGAL NAME OF ORGANIZATION	FEDERAL EMPLOYER ID (EIN)
<u>100 E. Cano St 2nd Floor</u>	<u>Edinburg TX 78540</u>
STREET ADDRESS (no P.O. Boxes)	CITY STATE ZIP CODE
<u>P.O. Box 1356</u>	<u>Edinburg TX 78540</u>
MAILING ADDRESS (if different from above)	CITY STATE ZIP CODE
<u>Hidalgo</u>	<u>956-318-2600</u>
COUNTY	TELEPHONE #
	<u>956-318-2699</u>
	FAX #
FISCAL YEAR END DATE: <u>12/31/2020</u>	EMAIL: <u>sergio.cruz@co.hidalgo.tx.us</u>

**II. APPLICANT STATUS:** *(check only one)*

Public/Government agency (includes public schools)       SBA 8(a) Business       Nonprofit organization

**III. TYPE OR PURPOSE OF ORGANIZATION:** *(Check the box that best describes your organization. See pages 8-11 for requirements for specific types of organizations)*

<input type="checkbox"/> City	<input type="checkbox"/> School District	<input type="checkbox"/> Volunteer Fire Dept., EMS or Rescue Squad
<input checked="" type="checkbox"/> County	<input type="checkbox"/> Elementary, Middle, or High School	<input type="checkbox"/> Emergency Services District
<input type="checkbox"/> State Agency	<input type="checkbox"/> College or University	<input type="checkbox"/> Provider of Assistance to the Impoverished
<input type="checkbox"/> Conservation (i.e. soil, water, or utility district)	<input type="checkbox"/> Child Care Center or Preschool	<input type="checkbox"/> Provider of Assistance to the Homeless
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Foster Care or Adoption Services	<input type="checkbox"/> Program Funded for Older Americans
<input type="checkbox"/> Radio or TV Station	<input type="checkbox"/> Sheltered Workshop / Vocational Rehabilitation Program	<input type="checkbox"/> SBA 8(a) Business
<input type="checkbox"/> Library	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Veterans' Service Organization (as defined by the Secretary of Veterans Affairs)
<input type="checkbox"/> Museum	<input type="checkbox"/> Clinic or Hospital	<input type="checkbox"/> Service Educational Activity (as defined by DOD)
<input type="checkbox"/> Zoo, Planetarium or Aquarium	<input type="checkbox"/> Other health center _____	<input type="checkbox"/> Other _____

**IV. SOURCE(S) OF FUNDING:**  Tax-supported     Grants     Contributions     Other \_\_\_\_\_

**V. (For non-profit organizations only) HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1986?**     Yes     No

**VI. IS THE ORGANIZATION APPROVED, ACCREDITED, OR LICENSED?**     Yes     No  
IF YES, BY WHAT AUTHORITY? \_\_\_\_\_

**VII. SIGNATURE & TITLE OF AUTHORIZING OFFICIAL FOR ORGANIZATION** (ex. Chief Executive or Financial Officer, Mayor, County Judge, Superintendent, President, CEO, Fire Chief)

<u>Ricard Cortez</u>	<u>County Judge</u>
PRINTED NAME OF AUTHORIZING OFFICIAL	TITLE

<b>X</b>	
SIGNATURE OF AUTHORIZING OFFICIAL	DATE

## NONDISCRIMINATION ASSURANCE

Hidalgo County

(Legal Name of Applicant Organization)

the donee, 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 101-8) 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 Right 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.

COUNTY/COUNTIES SERVED BY APPLICANT ORGANIZATION: Hidalgo

**X**

\_\_\_\_\_  
SIGNATURE OF AUTHORIZING OFFICIAL

\_\_\_\_\_  
DATE

### PAYMENT INFORMATION

Payment is due 30 days from the invoice date. Payment for property must be in the form of a check drawn on the account of your organization or parent/charter organization. **State agencies** may pay via Interagency Transaction Voucher (ITV). Our agency code is 303. If you have questions about how to submit a payment, please contact us at 512-463-2688 or [federal.surplus@tfc.state.tx.us](mailto:federal.surplus@tfc.state.tx.us).

For new accounts for **non-profit organizations, SBA 8(a) businesses, and volunteer fire/EMS/search & rescue departments**, you must submit the following with your application:

- A voided check or deposit slip, copy of recent bank statement or letter from bank certifying payment account name. The name on the account must match the name on your application and IRS letter (if applicable). If your organization has a "DBA" that you will be submitting payment under, and that is not listed on your IRS letter, then you must submit evidence that your "DBA" has been registered with the proper authority.
- If a parent/charter organization will be submitting payment on your behalf, then you must also provide an explanation of the relationship between your organization and parent organization.

For account renewals for **non-profit organizations, SBA 8(a) businesses, and volunteer fire/EMS/search & rescue departments**, please check one of the following:

- Our organization will continue using the same payment account in our organization's name.  
 Our organization will have a parent organization pay on our behalf.

Name of Parent Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ALL** applicant organizations must provide a Payment Point of Contact who will receive notices regarding overdue payments:

Name: Sergio Cruz Title: Budget Officer

Email: sergio.cruz@co.hidalgo.tx.us Phone: 956-292-7025