

State of New York  
 Office of General Services  
**BUREAU OF FEDERAL PROPERTY ASSISTANCE**  
 Building 18, W. Averill Harriman State Office Building Campus  
 Albany, NY 12226

Federal Surplus Property Program  
**Participation Agreement**  
 and  
**Designation of Authorized Representatives**  
 See Also: [Certifications and Agreements](#)

**Instructions: This form must be completed by the Head Administrative or Head Financial Official. A representative from program and operation units may also be designated as authorized representatives. Please remember to photocopy for your records prior to mailing.**

FOR STATE USE ONLY		
Code Type Donee	County of Location	Donee ID Number
Application Approved by		
Date Approved		

Donee Name: \_\_\_\_\_

Donee Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

This certifies that the personnel listed below are hereby designated as accredited representatives of this organization duly authorized and empowered to select, acquire and receipt for Federal surplus property; to obligate this organization for the payment of all service charges assessed by the state for the provision of such property; and to execute related documents certifying compliance by this organization with the terms, conditions, reservations and restrictions which will apply to the receipt and use of Federal surplus property by this organization.

Name	Title	Signature

I, and the above designated representatives whose signatures are affixed hereto have reviewed, and further certify that this organization will observe and comply with all Terms, Conditions, Reservations and Restrictions applying to the acquisition and use of property as outlined in the [certifications and agreements](#) document.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Typed Name and Title of Head Administrative Official**

\_\_\_\_\_  
**Date**