STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES
OFFICE OF FLEET AND ASSET MANAGEMENT
ELIGIBILITY APPLICATION (NEW)
SASP 202 (Rev 3/15)

DGS CALIFORNIA DEPARTMENT OF GENERAL SERVICES

Governor Edmund G. Brown Jr.

RESOLUTION

"BE IT RESOLVED by the Governing Board, and hereby ordered that the offical(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
A.	Tim Karas	VP Instruction		tkaras@peralta.edu
	Char Perlas	Dean		cperlas@peralta.edu
	Hoi Ko	AMT Chair		hko@peralta.edu

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

B. The above resolution was PASSED AND ADOPTED this 20 day of Oct ,20 15 , by the Governing Board of the:

Peralta Community College District by the following vote: AYES: ____; NOES: ____; ABSENT: ____
Agency Name

I, Brenda Martinez 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 below named organization at the meeting thereof held at its regular place of meeting on this date and by the vote above stated, a copy of said resolution is on file in the principap office of the Governing Board.

Signed by: ____

Peralta Community College District
Name of Organization

333 East 8th Street
Mailling Address

Oakland, CA / 94606 / USA
City / Zip Code / County

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 this ____ day of ____ 20 ____, by: ____
Signature of Administrative Officer

/
Printed Name of Chief Administrative Officer / Title

/
Organization Name / Street Address

/ /
City / ZIP Code / County

STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE: ____