

**STATE OF NEW MEXICO
STATE AGENCY FOR SURPLUS PROPERTY
1990 SIRINGO ROAD
SANTA FE, NEW MEXICO 87505
PHONE: (505) 476-1920 FAX: (505) 476-1905**

UPDATED INFORMATION/ELIGIBILITY FORM

ACCOUNT NO. _____

DATE: _____

(Circle One)

1. Have your qualifications indicated in your original application remained unchanged? YES NO
2. Is the attached master list of authorized representatives correct? If not, please indicate any changes on the attached form and return. It is the Donee's responsibility to notify the State Agency for Surplus Property, in writing, of any changes to their Authorized Representative List as they occur. YES NO
3. Are your Organization's Operations continuing as stated in your original application? YES NO
4. IF APPLICABLE, has your organization maintained a current license, accreditation, grant, contract, or approval letter from the State of New Mexico to continue the operations or programs under which you were originally determined eligible.
PLEASE ATTACH A COPY OF ONE OF THE ABOVE WITH YOUR APPLICATION YES NO
5. Is your organizations' account with the NMSASP current (*NO OVERDUE INVOICES*) YES NO
6. Is your organization observing all certifications and agreements of eligibility (attached) and complying with restrictions on donated surplus property received? YES NO

THE DONEE UNDERSTANDS that by execution of this document, it is considered a subrecipient of federal financial assistance pursuant to the Singe Audit Act of 1984 and further agrees to provide the State Agency with a copy of audit required by OMB Circular A-133.

By signature below, the Donee affirms the above information is current.

NAME: _____ DATE: _____

SIGNATURE: _____ TITLE: _____

(MUST BE AN AUTHORIZED OFFICIAL; Mayor, City Manager, County Judge, Superintendent, Executive Director, or Administrative official w/financial responsibility)

ORGANIZATIONS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

PH: _____ FAX: _____ E-MAIL ADDRESS: _____

(DO NOT WRITE BELOW THIS LINE)

ELIGIBILITY EXPIRES: _____ DATE: _____