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.

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**

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 Single 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: _________________________