

DATE SUBMITTED _____
 SUBMITTED BY _____
 DATE ACTION REQUIRED _____

Agenda Item No. **e-1**

COUNCIL ACTION
 PUBLIC HEARING REQUIRED
 RESOLUTION
 ORDINANCE 1ST READING
 ORDINANCE 2ND READING
 CITY CLERK'S INITIALS

**CITY COUNCIL
 AGENDA ITEM**

SUBJECT:	California Federal Surplus Personal Property Program (CFSP)		
DEPARTMENT INVOLVED:	Police Department, Public Services, Library Services, and Parks and Recreation		
BACKGROUND/SUMMARY:	The California Federal Surplus Personal Property Program (CFSP) is responsible for obtaining federal surplus personal property for qualifying non-federal organizations within the State for their business and operational needs. The program refers to such a non-federal qualifying organization as a donee.		
FISCAL IMPACT:	Staff's time and fees associated with program listed below.	F.O. INITIALS	<i>WJ</i>
<p>In order to sustain its operations as a self-supporting entity, the CFSP assesses the donee a service and handling charge for each item of federal surplus personal property that the donee picks up.</p> <p>Effective November 1, 2013, the service and handling fee will be the greater of either \$100 or 9% of an item's Original Acquisition Cost. However, the service and handling fees for livestock will continue to be the greater of either \$100 or \$20 a head, and all aircraft over \$100,000 shall remain at the \$5,000 service and handling fee.</p> <p>As an additional condition for determining eligibility, the donee must be able to pick up federal surplus personal property directly from where the property is located or must have the resources to arrange for the item to be picked up.</p>			
STAFF RECOMMENDATION:	Staff requests City Council's approval to participate in the CFSP.		
MANAGER'S RECOMMENDATION:	MANAGER'S INITIALS <i>MSB</i>		
Manager agrees with Staff's recommendation to participate in the CFSP.			
MOTION:			
SECONDED:	APPROVED	<input type="checkbox"/>	REJECTED <input type="checkbox"/>
AYES:	DISAPPROVED	<input type="checkbox"/>	DEFERRED <input type="checkbox"/>
NAYES:			
ABSENT:	REFERRED TO:		

RESOLUTION

"BE IT RESOLVED by the Governing Board, and hereby ordered that the official(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. Miguel Colon, Jr.	Police Chief	_____	mcolon@cityofimperial.org
Jackie Loper	Public Services Director	_____	jloper@cityofimperial.org
Ember Haller	Recreation Program Manager	_____	ehaller@cityofimperial.org
Chris Carter	Library Administrator	_____	ccarter@cityofimperial.org
_____	_____	_____	_____

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

B. The above resolution was PASSED AND ADOPTED this _____ day of _____, 20____, by the Governing Board of the:
City of Imperial
 _____ by the following vote: AYES: _____; NOES: _____; ABSENT: _____
 Agency Name

I, Debra Jackson Clerk of the Governing Board known as City Council

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: _____

City of Imperial

Name of Organization
 420 South Imperial Avenue

Mailling Address

Imperial

92251

Imperial

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 _____

Imperial

92251

Imperial

City

ZIP Code

County

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