CERTIFICATE OF ACQUISITION BY POLITICAL SUBDIVISION OR ASSISTANCE ORGANIZATION

Revised 04/2020

Transfer Type:: (Check One)

Transfer out of UNT Transfer into UNT

Property No. / Asset Tag# Description		of Surplus Prope	erty	Intended Use	Transfer Price (if any)	Acq. Date
his is to certify the	above property h	as been acquire	d from:			
			by			
ame of State Agen	cy	Agency No	Name of Pol	itical Subdivision of	r Assistance Orga	nization
heck the annronri	ate hoy that descr	ihes vour organ	ization and provid	e documentation of	analifving status	
_			_			•
(1) Political Su	daivision Cate	egory:(Ex	x. city, county, school	district, volunteer fire d	department)	
(2) Assistance Org	ganization					
		t provides: 1) ed	lucational, or 2) hea	lth, or 3) human serv	vices, or 4) assistar	nce to homeless
individua (B) A nonpro		solicits, warehous	ses, and redistribute	s edible but unmarke	table food to an ac	gency that feeds
	milies and individu		ses, and redistribute	odioie out ammarke		soney that reeds
				visory Committee or		n Aid, with the
				International Develorial or nonfinancial		nealth or human
	agency to provide			ciai of nonfinanciai	agreement with a r	icariii or naman
(E) A non-pr	ofit organization ap	proved by the Su		xas that provides free	e legal services for	low-income
	lds in civil matters;		on Inc. or an antity	designated by the c	ammissioner of an	rriculture as the
			74.1011, Agricultur		ommissioner or ag	griculture as the
(G) A local w	orkforce developm	nent board created	d under 2308.253 of	the Texas Governm		
	fit computer bank t and their families;		es, refurbishes, and i	redistributes used con	mputer equipment	to public school
	ofit organization th		lable housing.			
	C	•	C	•41 6 1• •1	•1•4	4 6 41 75
				with a copy of eligik an approval letter i		
olitical subdivision	s and assistance o	rganizations ma	ny <u>not</u> lease, lend, b	ail, deconstruct, en	cumber, sell, trad	le, or otherwise
spose of property	acquired under th	<mark>ie program befo</mark>	re the second anni	versary of the date	the property was	acquired.
HE APPLICANT	HEREBY CERT	IFIES THE INF	ORMATION PRO	OVIDED IS CORRE	ECT AND COMP	PLETE:
					TY	
Mailing Address of Political Subdivision or Assistance			Organization	City	, 171	Zip Code
					,	
epresentative Signa	ture	Date Na	me of Representativ	ve & Title	(Tele) phone No.
epresentative signa	inic	Duic Iva	ine of Representativ	e a ime	1610	phone Ivo.
FOR STATE AGEN	NCY TO COMPL	ETE:				
Authorized Represen	tativa Signatura	Date Na	ume of Representativ	o & Title		ion of Property (
линопцеи кергеsen	ianve signanne	Duie Na	me oj nepreseman)	e & IIIIe	Locati	ion or i roberty

Signature of agency representative certifies that a copy of the required approval letter from TFC notated above was furnished.