

CERTIFICATE OF ACQUISITION BY POLITICAL SUBDIVISION OR ASSISTANCE ORGANIZATION

(Authorized in Texas Government Code, Title 10, Subtitle D, Chapter 2175)

Property No.	Description of Surplus Property		Intended Use	Transfer Price (if any)	Date Listed on Comptroller's Website	
This is to certify the	e above property h	as been acquired from:				
		by				
Name of State Ager	ncy	Agency No. Na	me of Political Subdivision or	Assistance Org	anization	
Check the appropri	iate box that descr	ibes your organization a	nd provide documentation of o	qualifying statu	s.	
(1) Political Su	abdivision Cate	egory:	nty, school district, volunteer fire d			
(2) Assistance Or		(Ex. city, cour	nty, school district, volunteer fire d	epartment)		
(A) A nonpro	ofit organization tha	t provides: 1) educational	, or 2) health, or 3) human servi	ces, or 4) assista	nce to homeless	
individu (B) □ A nonpre		olicits warehouses and re	edistributes edible but unmarket	able food to an a	gency that feeds	
needy fa	amilies and individu	als;			-	
			ith the Advisory Committee on Agency for International Develo		gn Aid, with the	
(D) A group,	including a faith-ba	ased group, which enters in	nto a financial or nonfinancial a		health or human	
		services to that agency's clubroyed by the Supreme Co	lients; ourt of Texas that provides free	legal services fo	r low-income	
househo	olds in civil matters;		•			
		ication Foundation, Inc., or y under Section 74.1011,	or an entity designated by the co	ommissioner of a	griculture as the	
(G) A local v	vorkforce developm	ent board created under 2:	308.253 of the Texas Governme			
	ofit computer bank t and their families; o		shes, and redistributes used com	nputer equipment	to public school	
	,	at provides affordable hous	sing.			
			e agency with a copy of eligibi			
			to obtain an approval letter fi se, lend, bail, deconstruct, end			
			cond anniversary of the date t			
THE APPLICANT	HEREBY CERTI	FIES THE INFORMAT	ION PROVIDED IS CORRE	CT AND COM	PLETE:	
				, TX	, TX	
Mailing Address of I	Political Subdivision	n or Assistance Organizati	City City		Zip Code	
				()	
Representative Signa	ature	Date Name of Rep	presentative & Title	Tele	ephone No.	
FOR STATE AGE	NCY TO COMPL	ETE:				
Authorizod D.	etatina Ciamatan	Data Name of B	Tid-		tion of Durante (C)	
Authorized Represen	_		presentative & Title		tion of Property (Ci	