

PORT OF HOOD RIVER
Resolution No. 1990-1991-2

Dept. of General Services
Federal Surplus Property
1655 Salem Industrial Dr. NE
Salem, OR 97310
378-4714

APPLICATION FOR ELIGIBILITY
FEDERAL PROPERTY UTILIZATION PROGRAM
UNDER P.L. 94-519

AUTHORIZATION OF PARTICIPANTS

Executive No. 1990-2

RESOLUTION

"BE IT RESOLVED by the Governing Board, OR by the Chief Administrative Officer of those organizations which do not have a governing board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) is (are) listed below shall be and is (are) hereby authorized as our representative(s) to acquire federal surplus property from the Oregon State Agency for Surplus Property under the Terms and Conditions listed on the reverse side of this form."

NAME (Print or Type)	TITLE	SIGNATURE
James S. O'Banion	Executive Director	<i>James S. O'Banion</i>
John Weber	Commissioner	<i>John Weber</i>
Bill Baker	Commissioner	<i>Bill Baker</i>
Robert Nickelsen	Commissioner	<i>Robert Nickelsen</i>
Nancy Wesche	Commissioner	<i>Nancy Wesche</i>
Percy Jensen	Commissioner	<i>Percy Jensen</i>

PASSED AND ADOPTED this 17 day of June, 19 91, by the Governing Board of Port of Hood River

I, *Nancy Wesche*, Clerk of the Governing Board of Port of Hood River do hereby certify that the foregoing is a full, true and correct copy of a resolution adopted by the Board at a regular meeting thereof held at its regular place of meeting at the date and by the vote above stated, which resolution is on file in the office of the Board.

Port of Hood River
Name of organization
P.O. Box 239
Mailing address
Hood River Hood River 97031
City County ZIP Code

[Signed] *James S. O'Banion*
(Legally Authorized Official)

OR AUTHORIZED this _____ day of _____, 19____, by:

Name of chief administrative officer Title

Name of organization

Mailing address

City County ZIP Code [Signed] _____
(Legally Authorized Official)

FOR STATE AGENCY USE

- Applicant is approved as a: _____ Public Agency
_____ Nonprofit Educational Institution
_____ Nonprofit Public Health Institution
- Applicant is not approved: _____ Comment: _____

Date _____

State Agency Approving Officer Manager