

**CHARITON COUNTY-  
EQUIPMENT DISPOSITIONS**

Region	County	Fiscal Grant Year Program	EGMS Grant ID	Description of Equipment	EGMS Item ID	Manufacturer	Model	Identification Number	Title Holder	Quantity	Individual Item Cost	Total Cost	% of Federal Participation in the Cost	Date of Delivery	Physical Location	Use	Readiness Condition	Final Disposition	Date of Final Disposition	Final Disposition Sale Price	Contact Name	Contact Email	Contact Phone Number	Miscellaneous US	
	Cherokee	2008 5910	4128	ventilator	12	Respir	402	N/A	Cherokee County Health Department	1	\$ 3,763.00	\$ 3,763.00	100.00%	8/11/2011	2018 Wade Armed Subsidiary, GA	Local	Assest	N/A	N/A	N/A	Budget Value		404-284-4115	Unknown	
	Cherokee	2009 5910	4145	ventilator	12	Asstent	10000	N/A	Cherokee County Health Department	1	\$ 4,495.40	\$ 4,495.40	100.00%	5/17/2011	2018 Wade Armed Subsidiary, GA	Regional	Assest	N/A	N/A	N/A	Budget Value		404-284-4115		
	Cherokee	2009 5910	4087	Infants Crib/cribs	12	Ember	Endersbu ry	N/A	Cherokee Health Department	1	\$ 5,566.00	\$ 5,566.00	100.00%	5/17/2011	2018 Wade Armed Subsidiary, GA	Local	Physical Crib/cribs	N/A	N/A	N/A	Gene Gerrit Gerrit		404-284-4115		



# Department of Public Safety Office of Homeland Security

## Equipment Disposition Request Form

### Purpose of Disposition of Equipment/Property:

When original or replacement equipment acquired with Homeland Security (HS) funds is no longer needed for the original project or program, the equipment may be retained, sold, or disposed, if not needed in any other Federally sponsored program. This form may be utilized to request to remove an equipment item from the inventory:

- 1) The subrecipient must obtain written (email) approval from the Division of Grants prior to disposing of any equipment purchased with HS funds.
  - a. Equipment with the per item fair market value of less than \$5,000.00 may be retained, sold, or disposed with no further obligation to the awarding agency.
  - b. Equipment with a per item fair market value of \$5,000.00 or more may be retained or sold. If sold, the awarding agency (OHS) shall have a right to the fair market value proceeds from the sale of the equipment.
  - c. See 2 CFR 200.313 Equipment and other capital expenditures, and Office of Homeland Security Ad
- 2) This form along with the approval will need to be maintained in the subrecipient grant files.

Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Carrie Scheid		Chariton County Health Department	660-288-3675	<i>[Signature]</i>	

### Equipment Detail:

Region:	B	County:	Chariton
Fiscal Year Purchased:	2007	Grant Program:	SHSGP
Title Holder Agency:	Chariton County Health Department	Equipment Location:	206 State Street, Keytesville, MO
Equipment Description	System Credentialing	Manufacturer and Model:	Elliott
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$5,060.00	Acquisition Date:	Unknown
Current Market Value:	Unknown	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:	Obsolete		
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/> Expired (past useful shelf life)	<input type="checkbox"/> Missing or lost	
	<input checked="" type="checkbox"/> Obsolete (not in use)	<input type="checkbox"/> Transferred	
	<input type="checkbox"/> Disposed or discarded	<input type="checkbox"/> Stolen	
	<input type="checkbox"/> Damaged or destroyed	<input type="checkbox"/> Other	
Comments	Click here to enter text.		



# Department of Public Safety Office of Homeland Security

equipment. After researching the equipment it was determined equipment needs to be removed from inventory list.

s: The following approvals must be obtained before retirement of equipment is granted. Each party should copy

ble Authorized Official of title holding agency:

	Title	Phone	Signature	Date
	Carrie Scheid Admin	660-288-3625	<i>[Signature]</i>	3-1-19

Planning Commission/Council of Governments Program Director

	Title	Phone	Signature	Date
	Charlene Beaver Community Planner	573-565-2203	<i>[Signature]</i>	12/20/18

Chair/Vice Chair Approval

	Title	Phone	Signature	Date
...tes	Chairman	660-385-8700 ext 8640	<i>[Signature]</i>	12-20-18

OHS Approval

Name	Title	Phone	Signature	Date



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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Bridgette Fessler <i>Fessler</i>	<i>Office Adm</i>	Chariton County Ambulance District	660-388-6115	<i>Bridgette Fessler</i>	12/18/2018

**Equipment Detail:**

Region:	B		County:	Chariton
Fiscal Year Purchased:	2009		Grant Program:	SHSGP
Title Holder Agency:	Chariton County Ambulance District		Equipment Location:	212 s. Weber Avenue, Salisbury, MO
Equipment Description:	Ventilators		Manufacturer and Model:	Autovent
Identification Number/Serial Number:	Unknown		Quantity:	2
Acquisition Cost:	\$4,496.42		Acquisition Date:	8/11/2011
Current Market Value:	Click here to enter text.		% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	Click here to enter text.			
Reason for Retirement: (Check appropriate box and not comments below)	<input checked="" type="checkbox"/>	Expired (past useful shelf life)	<input type="checkbox"/>	Missing or lost
	<input checked="" type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/>	Transferred
	<input type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/>	Other
Comments	Click here to enter text.			



# Department of Public Safety Office of Homeland Security

Approvals: The following approvals must be obtained before retirement of equipment is granted. *Each party should retain a copy*

Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Bridgett Fesler	Office Admin	660-388-6115	Bridgett Fesler	12-18-18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Chandra Baird	Community Planner	573-565-2200	Chandra Baird	12-20-18

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman		Tom Yates	12-20-18

OHS Approval

Name	Title	Phone	Signature	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.		



# Department of Public Safety Office of Homeland Security

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Bridgette Fessler <i>Br. Agott Fessler</i>	<i>Office Admin</i>	Chariton County Ambulance District	660-388-6115	<i>Bridgette Fessler</i>	12/18/2018

**Equipment Detail:**

Region:	B	County:	Chariton
Fiscal Year Purchased:	2008	Grant Program:	SHSGP
Title Holder Agency:	Chariton County Ambulance District	Equipment Location:	212 s. Weber Avenue, Salisbury, MO
Equipment Description:	Ventilators	Manufacturer and Model:	Autovent
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$3,767.03	Acquisition Date:	8/11/2011
Current Market Value:	Click here to enter text.	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	Click here to enter text.		
Reason for Retirement: (Check appropriate box and not comments below)	<input checked="" type="checkbox"/> Expired (past useful shelf life)	<input type="checkbox"/> Missing or lost	
	<input checked="" type="checkbox"/> Obsolete (not in use)	<input type="checkbox"/> Transferred	
	<input type="checkbox"/> Disposed or discarded	<input type="checkbox"/> Stolen	
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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Bridgett Fesler	Office Admin	660-388-6115	<i>Bridgett Fesler</i>	12-18-18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Chandra Beau	Community Planner	513-565-2203	<i>Chandra Beau</i>	12-20-18

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman		<i>Tom Yates</i>	12-20-18

OHS Approval

Name	Title	Phone	Signature	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.		