

**CLARK COUNTY-
EQUIPMENT DISPOSITIONS**



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:
Mary Padlonis	Supervisor	Clark County Sheriff Office	660-727-2911	<i>Mary Padlonis</i>	12/18/2018

Equipment Detail:

Region:	B	County:	Clark	
Fiscal Year Purchased:	2005	Grant Program:	SHSGP	
Title Holder Agency:	Clark County Sheriff Office	Equipment Location:	518 N. Lincoln St, Kahoka, MO 63445	
Equipment Description:	Equipment, Fingerprint Processing	Manufacturer and Model:	Buy0	
Identification Number/Serial Number:	Unknown	Quantity:	1	
Acquisition Cost:	\$32,000.00	Acquisition Date:	Unknown	
Current Market Value:	Click here to enter text.	% of Federal funds used in acquisition:	Click here to enter text.	
Requested Method of Disposition:	Dispose			
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 type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/>	Transferred
	<input type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen
	<input checked="" 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
Mary Padlonis	Supervisor	660-727-2911	Mary Padlonis	1-28-19

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Charika Beaver	Community Planner	573-565-2203	Charika Beaver	12/20/18

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman	660-385-8700 ext 8640	Tom Yates	12-20-18

OHS Approval

Name	Title	Phone	Signature	Date



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Mary Padlonis	Supervisor	Clark County Sheriff Office	660-727-2911	<i>Mary Padlonis</i>	12/18/2018

Equipment Detail:

Region:	B	County:	Clark	
Fiscal Year Purchased:	2005	Grant Program:	SHSGP	
Title Holder Agency:	Clark County Sheriff Office	Equipment Location:	518 N. Lincoln St, Kahoka, MO 63445	
Equipment Description:	Equipment, Fingerprint Processing	Manufacturer and Model:	Buy0	
Identification Number/Serial Number:	Unknown	Quantity:	1	
Acquisition Cost:	\$32,000.00	Acquisition Date:	Unknown	
Current Market Value:	Click here to enter text.	% of Federal funds used in acquisition:	Click here to enter text.	
Requested Method of Disposition:	Dispose			
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 type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/>	Transferred
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Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Charika Beaver	Community Planner	573-565-2203	Charika Beaver	12/20/18

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman	660-385-8700 ext 8640	Tom Yates	12-20-18

OHS Approval

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Evelina Sutherland	RN Administrator	Clark County Health Department	660-727-2356	Evelina Sutherland RN Administrator	12/20/18

Equipment Detail:

Region:	B	County:	Clark	
Fiscal Year Purchased:	2007	Grant Program:	SHSP	
Title Holder Agency:		Equipment Location:	Click here to enter text.	
Equipment Description:	System Credentialing	Manufacturer and Model:	Click here to enter text.	
Identification Number/Serial Number:	4089	Quantity:	Click here to enter text.	
Acquisition Cost:	Click here to enter text.	Acquisition Date:	Click here to enter text.	
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 type="checkbox"/>	Expired (past useful shelf life)	<input type="checkbox"/>	Missing or lost
	<input 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 checked="" type="checkbox"/>	Other
Comments	Elliott Hand Held Scanner = 3 years ago exact year Returned several			



Department of Public Safety Office of Homeland Security

Comments	Click here to enter text.
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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
Evelena Sutterfield	RN Administrator	660-727-2356	<i>Evelena Sutterfield RN</i>	

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Chandra Beavers</i>	<i>Community Planner</i>	573-565-2203	<i>Chandra Beavers</i>	<i>12/20/18</i>

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman	660-385-8700 ext 8640	<i>Tom Yates</i>	<i>12/20/18</i>

OHS Approval

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



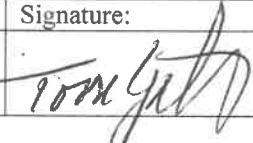
Department of Public Safety Office of Homeland Security

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Tom Yates	Chairman	Region B RHSOC	660-385-8700 ext 8640		12/20/2018

Equipment Detail:

Region:	B	County:	Clark County
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Clark County	Equipment Location:	Unknown- Listed as Clark County
Equipment Description:	Decon Shower	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$2,511.96	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:			
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input checked="" type="checkbox"/> Missing or lost
	<input 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	Unable to locate equipment based on minimal information provided. Equipment was prior to MTRCOG administrating the OHS equipment and no records are available to review. Agency was contacted, however they have no knowledge of ever receiving the equipment, or due to change in Administration have no knowledge of the equipment.		



Department of Public Safety Office of Homeland Security

	After researching the equipment it was determined equipment needs to be removed from the inventory list.
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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: *Insufficient Agency Information*

Name	Title	Phone	Signature	Date

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Chandra Beavers</i>	<i>Community Planner</i>	573-565-2203	<i>Chandra Beavers</i>	<i>12-20-18</i>

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman	660-385-8700 ext 8640	<i>Tom Yates</i>	<i>12-20-18</i>

OHS Approval

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



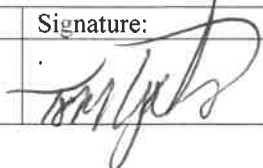
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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Tom Yates	Chairman	Region B RHSOC	660-385-8700 ext 8640		12/20/2018

Equipment Detail:

Region:	B	County:	Clark County
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Clark County	Equipment Location:	Unknown- Listed as Clark County
Equipment Description:	Generator	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$2,249.10	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:			
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input checked="" type="checkbox"/> Missing or lost
	<input type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/> Transferred
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Comments	Unable to locate equipment based on minimal information provided. Equipment was prior to MTRCOG administrating the OHS equipment and no records are available to review. Agency was contacted, however they have no knowledge of ever receiving the equipment, or due to change in Administration have no knowledge of the equipment.		



Department of Public Safety Office of Homeland Security

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Name	Title	Phone	Signature	Date
		Click here to enter text.		

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Charndra Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charndra Beaver</i>	<i>12/20/18</i>

RHSOC Chair/Vice Chair Approval

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

OHS Approval

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



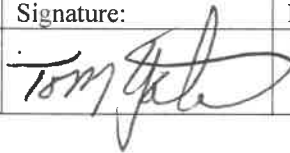
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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Tom Yates	Chairman	Region B RHSOC	660-385-8700 ext 8640		12/20/2018

Equipment Detail:

Region:	B	County:	Clark County
Fiscal Year Purchased:	2003	Grant Program:	SHSGP
Title Holder Agency:	Unknown- Listed as City of Kahoka/ Clark Co Fire Department	Equipment Location:	Unknown
Equipment Description:	Mobile Radio	Manufacturer and Model:	Motorola
Identification Number/Serial Number:	CDM1250	Quantity:	8
Acquisition Cost:	\$1,240.00	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:			
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input checked="" type="checkbox"/> Missing or lost
	<input 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
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Responsible Authorized Official of title holding agency: *Insufficient Agency Information*

Name	Title	Phone	Signature	Date
		Click here to enter text.		

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Charnda Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charnda Beaver</i>	<i>12/20/18</i>

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
<i>Tom Yates</i>	<i>Chairman</i>	<i>660-385-8700 ext 8640</i>	<i>Tom Yates</i>	<i>12-20-18</i>

OHS Approval

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Tom Yates	Chairman	Region B RHSOC	660-385-8700 ext 8640	<i>Tom Yates</i>	12/20/2018

Equipment Detail:

Region:	B	County:	Clark County	
Fiscal Year Purchased:	2003	Grant Program:	SHSGP	
Title Holder Agency:	Unknown- Listed as City of Kahoka/ Clark Co Fire Department	Equipment Location:	Unknown	
Equipment Description:	Mobile Radio	Manufacturer and Model:	Motorola	
Identification Number/Serial Number:	HT1250	Quantity:	8	
Acquisition Cost:	\$1,240.00 1,065	Acquisition Date:	Unknown	
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown	
Requested Method of Disposition:				
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input checked="" type="checkbox"/>	Missing or lost
	<input type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/>	Transferred
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Name	Title	Phone	Signature	Date

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
		573-565-2203		

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	Chairman	660-385-8700 ext 8640		

OHS Approval

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Equipment Detail:

Region:	B	County:	Clark County
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Clark County	Equipment Location:	Unknown- Listed as Clark County
Equipment Description:	Vehicle Radio	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$1,611.00	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:			
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input checked="" type="checkbox"/> Missing or lost
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<i>Charnda Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charnda Beaver</i>	<i>12/20/18</i>

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
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OHS Approval

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