

**KNOX 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	Date of Final Disposition	Final Disposition Sale Price	Contact Name	Contact Email	Contact Phone number	Miscellaneous US
	Wyo	2005 S187	2483	2400L Mobile	01				State	2	\$ 2,488.00	\$ 4,976.00				REGISTRATION				COMMUTE			Classification 7 July 2005 to HR1000
	Wyo	2005 S187	2483	2400L Motorized	02				State	4	\$ 1,503.00	\$ 6,012.00				X 4000							Classification 7 July 2005 to HR1000
	Wyo	2005 S187	2483	2400L Mobile	03				Arms Country	8	\$ 3,078.80	\$ 24,630.40											Classification 7 July 2005 to HR1000
	Wyo	2005 S187	2483	2400L Motorized	04				Arms Country	4	\$ 1,503.75	\$ 6,015.00					X 4000						Classification 7 July 2005 to HR1000



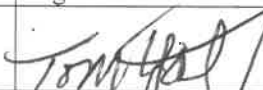
Department of Public Safety Office of Homeland Security

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

Equipment Detail:

Region:	B	County:	Knox County
Fiscal Year Purchased:	2005	Grant Program:	SHSGP
Title Holder Agency:	Unknown- Listed as Edina	Equipment Location:	Unknown
Equipment Description:	Radio, Mobile	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	2
Acquisition Cost:	\$1,468.00	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:	Lost/Remove from inventory List		
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

	equipment. After researching the equipment it was determined equipment needs to be removed from 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
		Click here to enter text.		

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Charitra Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charitra 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

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

Equipment Detail:

Region:	B	County:	Knox County
Fiscal Year Purchased:	2005	Grant Program:	SHSGP
Title Holder Agency:	Unknown- Listed as Edina	Equipment Location:	Unknown
Equipment Description:	Radio, Portable	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$1,503.00	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:	Lost/Remove from inventory List		
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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Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Charissa Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charissa 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>

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

Equipment Detail:

Region:	B	County:	Knox County
Fiscal Year Purchased:	2005	Grant Program:	SHSGP
Title Holder Agency:	Unknown- Listed as Knox County	Equipment Location:	Unknown
Equipment Description:	Radio, Mobile	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$2,078.80	Acquisition Date:	Unknown
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:	Lost/Remove from inventory List		
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>Charitra Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charitra Beaver</i>	<i>12/20/18</i>

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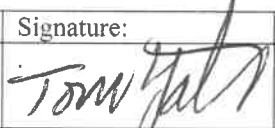
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Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

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