

**MARION COUNTY-  
EQUIPMENT DISPOSITIONS**



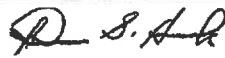
# Department of Public Safety Office of Homeland Security

## 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:
John Hark	EMD	Marion County EMD	573-231-2650		12/18/2018

**Equipment Detail:**

Region:	B	County:	Adair	
Fiscal Year Purchased:	2005	Grant Program:	SHSGP	
Title Holder Agency:	Marion County EMD	Equipment Location:	201 S	
Equipment Description:	Radio, Mobile	Manufacturer and Model:	Unknown	
Identification Number/Serial Number:	Unknown	Quantity:	7	
Acquisition Cost:	\$1,054.37	Acquisition Date:	2005	
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	Unable to locate Radio Base due to no serial numbers, model or manufacturer information.			



# 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
John Hark	Marion County EMD	573-231-2650	<i>[Handwritten Signature]</i>	12/18/2018

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Chandra Beever</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>[Handwritten Signature]</i>	<i>12/20/18</i>

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	RHSOC Chair	Click here to enter text.	<i>[Handwritten 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:
John Hark	EMD	Marion County EMD	573-231-2650		12/18/2018

**Equipment Detail:**

Region:	B	County:	Adair
Fiscal Year Purchased:	2005	Grant Program:	SHSGP
Title Holder Agency:	Marion County EMD	Equipment Location:	201 S
Equipment Description:	Radio, Base	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$2,638.96	Acquisition Date:	2005
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	Unable to locate Radio Base due to no serial numbers, model or manufacturer information.		



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Name	Title	Phone	Signature	Date
John Hark	Marion County EMD	573-231-2650	<i>[Handwritten Signature]</i>	12/18/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates	RHSOC Chair	Click here to enter text.	<i>[Handwritten Signature]</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.		



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  - c. See [2 CFR 200.313 Equipment and other capital expenditures](#), and Office of Homeland Security Ad
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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Ryan Neisen	Deputy Chief	Hannibal Fire Department	573-221-0657	Ryan Neisen	12/19/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2008	Grant Program:	SHSGP
Title Holder Agency:	Hannibal Fire Dept	Equipment Location:	Unknown
Equipment Description:	Hardware, Computer Integrated	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	2
Acquisition Cost:	4000	Acquisition Date:	12-1-2008
Current Market Value:	N/A	% of Federal funds used in acquisition:	100
Requested Method of Disposition:	N/A		
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	We are unable to locate or identify these items.		



# 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
Mike Benjamin	Fire Chief	573-221-0657	Mike Benjamin	12-19-18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Chandra Beaulieu	Community Planner	573-565-2303	Chandra Beaulieu	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:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1661
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Lptp-Backup PSAP	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$1,595	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	RETAINED		
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			





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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Mike Hall	Interim Director	573-221-1121	<i>Mike Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
<i>Tom Yates</i>			<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:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Michael B. Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1662
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Patch Card	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$1,495	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED		
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/> Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/> Other
Comments			



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Name	Title	Phone	Signature	Date
Mike Hall	Interim Director	573-221-1121	<i>Mike Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1662
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Power Supply	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$1,995	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED		
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/> Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/> Other
Comments			



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Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



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<b>Requestor Name:</b>	<b>Job Title:</b>	<b>Agency:</b>	<b>Phone Number:</b>	<b>Signature:</b>	<b>Date:</b>
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

<b>Region:</b>	B	<b>County:</b>	Marion
<b>Fiscal Year Purchased:</b>	2006	<b>Grant Program:</b>	SHSGP 4956
<b>Title Holder Agency:</b>	Marion County Emergency Services	<b>Equipment Location:</b>	Click here to enter text.
<b>Equipment Description:</b>	"Radio, Mobile"	<b>Manufacturer and Model:</b>	Unknown
<b>Identification Number/Serial Number:</b>	None	<b>Quantity:</b>	1
<b>Acquisition Cost:</b>	\$3,421.90	<b>Acquisition Date:</b>	Unknown
<b>Current Market Value:</b>	0	<b>% of Federal funds used in acquisition:</b>	Click here to enter text.
<b>Requested Method of Disposition:</b>	Remove from Inventory		
<b>Reason for Retirement:</b> (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
<b>Comments</b>	Need additional information to determine location and status of equipment "radio, mobile"		



# Department of Public Safety Office of Homeland Security

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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Mike Hall	Interim Director	573-221-1121	<i>Mike Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2006	Grant Program:	SHSGP 4956
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	"Radio, Mobile"	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$2,593.93	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	Remove from Inventory		
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	Need additional information to identify and determine status of equipment "radio, mobile"		





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Regional Planning Commission/Council of Governments Program Director

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OHS Approval

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1661
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Field Data Collection Laptop	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$1,595	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	RETAINED		
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			



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Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

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

OHS Approval

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  - c. See 2 CFR 200.313 Equipment and other capital expenditures, and Office of Homeland Security Ad
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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Michael D. Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1662
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Equipment Enclosure	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$1,500	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED		
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/> Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/> Other
Comments			



# 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
Mike Hall	Interim Director	573-221-1121	<i>Mike Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



# Department of Public Safety Office of Homeland Security

## Equipment Disposition Request Form

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Michael D. Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1662
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Channel Interface Card Cage	Manufacturer and Model:	Zetron
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$3,475	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED		
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

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RHSOC Chair/Vice Chair Approval

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

OHS Approval

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# Department of Public Safety Office of Homeland Security

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Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1662
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Console for interface card cage	Manufacturer and Model:	Zetron
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$3,285	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	
Requested Method of Disposition:	DISPOSED		
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/> Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/> Other
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OHS Approval

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# Department of Public Safety Office of Homeland Security

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121		12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1661
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	CAD Server Win 2003	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$4,500	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED		
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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RHSOC Chair/Vice Chair Approval

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# Department of Public Safety Office of Homeland Security

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2003	Grant Program:	SHSGP 1661
Title Holder Agency:	Marion County Emergency Services	Equipment Location:	Click here to enter text.
Equipment Description:	Enhance 911 Upgrade Phase II	Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None	Quantity:	1
Acquisition Cost:	\$199,822	Acquisition Date:	Unknown
Current Market Value:	0	% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED		
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/> Stolen
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Name	Title	Phone	Signature	Date
Mike Hall	Interim Director	573-221-1121	<i>[Signature]</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<i>[Signature]</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.		



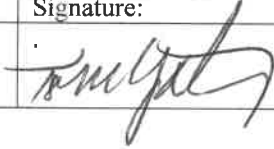
# Department of Public Safety Office of Homeland Security

## Equipment Disposition Request Form

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

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Marion	Equipment Location:	Unknown
Equipment Description:	Mobile Multi-Channel Radio including Antenna	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$1,470.49	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. Marion County was contacted, however they have no knowledge of ever receiving the equipment, or due to change in Administration have no knowledge of the		



# Department of Public Safety Office of Homeland Security

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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 Information on Agency.*

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>	573-565-2203	<i>Charnda Beaver</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>[Signature]</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.		



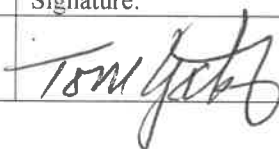
# Department of Public Safety Office of Homeland Security

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

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Marion	Equipment Location:	Unknown
Equipment Description:	Portable Generator	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$1,149.00	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
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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. Marion County was contacted, however they have no knowledge of ever receiving the equipment, or due to change in Administration have no knowledge of the		





# Department of Public Safety Office of Homeland Security

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Responsible Authorized Official of title holding agency: *Insufficient information on Agency*

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

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



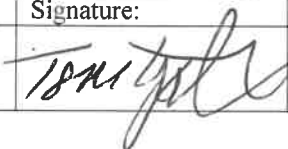
# Department of Public Safety Office of Homeland Security

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

**Equipment Detail:**

Region:	B		County:	Marion
Fiscal Year Purchased:	2004		Grant Program:	SHSGP
Title Holder Agency:	Marion		Equipment Location:	Unknown
Equipment Description:	7x14 Mobile Command Unit		Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown		Quantity:	2
Acquisition Cost:	\$4,629.97		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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Regional Planning Commission/Council of Governments Program Director

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

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



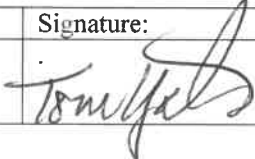
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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Tom Yates	Chairman	Marion County	660-385-8700 ext 8640		12/20/2018

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Marion	Equipment Location:	Unknown
Equipment Description:	Laptop Computer with Modem CD/Rom with Software	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$2,076.86	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. Marion County was contacted, however they have no knowledge of ever receiving the equipment, or due to change in Administration have no knowledge of the		



# Department of Public Safety Office of Homeland Security

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

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 information on agency.*

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

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

## 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.
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  - 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:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121		12/14/2018

**Equipment Detail:**

Region:	B		County:	Marion	
Fiscal Year Purchased:	2003		Grant Program:	SHSGP 1662	
Title Holder Agency:	Marion County Emergency Services		Equipment Location:	Click here to enter text.	
Equipment Description:	Audio Panels 4217NT		Manufacturer and Model:	Click here to enter text.	
Identification Number/Serial Number:	None		Quantity:	1	
Acquisition Cost:	\$3,995		Acquisition Date:	Unknown	
Current Market Value:	0		% of Federal funds used in acquisition:	Click here to enter text.	
Requested Method of Disposition:	DISPOSED				
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen	
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/>	Other	
Comments					



# 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
Mike Hall	Interim Director	573-221-1121	<i>Mike Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



# Department of Public Safety Office of Homeland Security

## Equipment Disposition Request Form

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Mike Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B		County:	Marion	
Fiscal Year Purchased:	2003		Grant Program:	SHSGP 1662	
Title Holder Agency:	Marion County Emergency Services		Equipment Location:	Click here to enter text.	
Equipment Description:	Dispatch Console 4217NT		Manufacturer and Model:	Click here to enter text.	
Identification Number/Serial Number:	None		Quantity:	1	
Acquisition Cost:	\$13,495		Acquisition Date:	Unknown	
Current Market Value:	0		% of Federal funds used in acquisition:	Click here to enter text.	
Requested Method of Disposition:	DISPOSED				
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 checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen	
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/>	Other	
Comments					





# 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
Mike Hall	Interim Director	573-221-1121	<i>Mike Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



# Department of Public Safety Office of Homeland Security

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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mike Hall	Executive Director	Marion County Emergency Services	573-221-1121	<i>Michael B. Hall</i>	12/14/2018

**Equipment Detail:**

Region:	B		County:	Marion
Fiscal Year Purchased:	2003		Grant Program:	SHSGP 1662
Title Holder Agency:	Marion County Emergency Services		Equipment Location:	Click here to enter text.
Equipment Description:	Audio Panels 4217NT		Manufacturer and Model:	Click here to enter text.
Identification Number/Serial Number:	None		Quantity:	1
Acquisition Cost:	\$3,995		Acquisition Date:	Unknown
Current Market Value:	0		% of Federal funds used in acquisition:	Click here to enter text.
Requested Method of Disposition:	DISPOSED			
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input type="checkbox"/>	Missing or lost
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	<input checked="" type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/>	Other
Comments				



# Department of Public Safety Office of Homeland Security

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*Each party should retain a copy*

Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Mike Hall	Interim Director	573-221-1121	<i>Michael D. Hall</i>	12/14/2018

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates			<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.		



## Department of Public Safety Office of Homeland Security

### Equipment Disposition Request Form

**Purpose of Disposition of Equipment/Property:**

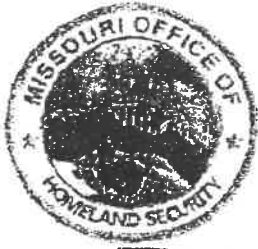
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- 2) This form along with the approval will need to be maintained in the subrecipient grant files.

Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Tyler Wheeler	Chief	Monroe City Police	573-735-4411	<i>[Handwritten Signature]</i>	3/13/17

**Equipment Detail:**

Region:	B	Count:	Marion
Fiscal Year Purchased:	2005	Grant Program:	SHSGP
Title Holder Agency:	Monroe City Police	Equipment Location:	9250 County Rd, Monroe City, MO
Equipment Description:	Radio, Mobile	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$1,864.13	Acquisition Date:	Unknown
Current Market Value:	Unknown	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:	Remove from inventory		
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		



# Department of Public Safety Office of Homeland Security

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

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
Tyler Wheeler	CHIEF	573-735-4431	<i>[Signature]</i>	3/13/19

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Charles Beaver	Community Planner	573-565-2203	<i>[Signature]</i>	12/3/18

RHSOC Chair/Vice Chair Approval

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

OHS Approval

Name	Title	Phone	Signature	Date



## Department of Public Safety Office of Homeland Security

### Equipment Disposition Request Form

**Purpose of Disposition of Equipment/Property:**

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  - 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:
Tyler Wheeler	Chief	Monroe City Police	573-735-4411	<i>[Signature]</i>	3/13/19

**Equipment Detail:**

Region:	B	County:	Marion
Fiscal Year Purchased:	2005	Grant Program:	SHSGP
Title Holder Agency:	Monroe City Police	Equipment Location:	9250 County Rd, Monroe City, MO
Equipment Description:	Radio, Portable	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$2,222.75	Acquisition Date:	Unknown
Current Market Value:	Unknown	% of Federal funds used in acquisition:	Unknown
Requested Method of Disposition:	Remove from inventory		
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

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# Department of Public Safety Office of Homeland Security

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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
<i>Quilley</i>	<i>Chief</i> TYLER WHEELER	573-735-4431	<i>Quilley</i>	3/13/19

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

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

OHS Approval

Name	Title	Phone	Signature	Date









