

**MONROE 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 CDF	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	
B	Polk	2019-2020	4456	Workstation PC		Dell	OptiPlex	N/A	County Employees	1	\$ 4,000.00	\$ 4,000.00	100.00%	10/02/2019	Highway 24, Paris, MO	Regional	Mission Complete	N/A	N/A	N/A			(573) 795-2881		
B	Polk					HP	Compaq	N/A	County Health Department	1	\$ 17,500.00	\$ 17,500.00	100.00%	01/02/2020	21177 Highway 24, Paris, MO	Regional	Mission Complete	N/A	N/A	N/A				(573) 795-2881	
B	Polk	2019-2020	4455	Workstation PC		HP	Compaq	N/A	County Health Department	1	\$ 5,000.00	\$ 5,000.00	100.00%	10/02/2019	21177 Highway 24, Paris, MO	Regional	Mission Complete	N/A	N/A	N/A				(573) 795-2881	



# 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:
Paula Delaney	Administrator	Monroe County Health Department	660/327-4653	<i>Paula Delaney</i>	12/18/2018

**Equipment Detail:**

Region:	B	County:	Monroe	
Fiscal Year Purchased:	2008	Grant Program:	SHSGP	
Title Holder Agency:	REGION B LPHA's	Equipment Location:	DISPOSED	
Equipment Description:	Elliott Data System	Manufacturer and Model:	Elliott Data Systems Mobile ID Case	
Identification Number/Serial Number:	N/A	Quantity:	1	
Acquisition Cost:	\$17,500.00	Acquisition Date:	2008	
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	100%	
Requested Method of Disposition:	Parted out and hardware/software destroyed			
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	This was the original purchase of ID Cases purchased by LPHAs of Region B			



# 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
Paula Delaney	Administrator	660/327-4653	<i>Paula Delaney</i>	12/18/18

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 Gates</i>	<i>Chairman</i>		<i>Tom Gates</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:

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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:
Paula Delaney	Administrator	Monroe County Health Department	660/327-4653	<i>Paula Delaney</i>	12/18/2018

**Equipment Detail:**

Region:	B	County:	Monroe	
Fiscal Year Purchased:	2008	Grant Program:	SHSGP	
Title Holder Agency:	REGION B LPHA's	Equipment Location:	DISPOSED returned to MTCG (Cindy Hultz)	
Equipment Description:	Elliott Data System	Manufacturer and Model:	Elliott Data Systems ID Card Scanner	
Identification Number/Serial Number:	N/A	Quantity:	1	
Acquisition Cost:	\$5,000.00	Acquisition Date:	2008	
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	100%	
Requested Method of Disposition:	Parted out and hardware/software destroyed			
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	This was the original purchase of ID Card Scanners purchased by LPHAs of Region B			



# 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
Paula Delaney	Administrator	660/327-4653	<i>Paula Delaney</i>	12/18/18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
<i>Marika Beaver</i>	<i>Community Planner</i>	<i>573-565-2003</i>	<i>Marika 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>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.		