

**PUTNAM 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	
B	Polk	2004 BNSL	113	Used Medical Equipment Misc. Vm- 1000-444 Single Patient Bedside Infusion	10		A		William Zhang	1	\$ 30,400.00	\$ 30,400.00				Nonutilized								Final/Phase 1-2006 sent to MERCY HOSPITAL for donation on 06/20/07 to 301-07	
B	Polk	2004 BNSL	114	Used Machinery	10271		A		William Zhang	1	\$ 1,022.58	\$ 1,022.58												Final/Phase 1-2006 sent to MERCY HOSPITAL for donation on 06/20/07 to 301-07	
B	Polk	2004 BNSL	115	Used Machinery	10272		A		William Zhang	1	\$ 4,400.42	\$ 4,400.42	100.00%	5/23/2011	EGMS Machinery	Approved	Operational				N/A	William Zhang		503-347-2573	Unused to 301-07



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:
Jason Bushnell	Administrator	Putnam County Ambulance District	6609473670	<i>J. Bushnell</i>	12/18/2018

Equipment Detail:

Region:	B	County:	Putnam
Fiscal Year Purchased:	2011	Grant Program:	Choose an item
Title Holder Agency:	Click here to enter text.	Equipment Location:	Click here to enter text.
Equipment Description:	Ventilator	Manufacturer and Model:	Drager Oxylog
Identification Number/Serial Number:	Click here to enter text. <i>Unknown</i>	Quantity:	Click here to enter text. <i>1</i>
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 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	To my knowledge, this equipment was never in the possession of Putnam County Ambulance District.		



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
Jason Bushnell <small>Click here to enter text.</small>	Administrator <small>Click here to enter text.</small>	660-947-6670 <small>Click here to enter text.</small>	<i>J. Bushnell</i> <small>Click here to enter text.</small>	12-18-18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Chandra Beaver <small>Click here to enter text.</small>	Community Planner <small>Click here to enter text.</small>	573-565-2203 <small>Click here to enter text.</small>	<i>Chandra Beaver</i> <small>Click here to enter text.</small>	12-20-18

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Tom Yates <small>Click here to enter text.</small>	Chairman <small>Click here to enter text.</small>	 <small>Click here to enter text.</small>	<i>Tom Yates</i> <small>Click here to enter text.</small>	12-20-18

OHS Approval

Name	Title	Phone	Signature	Date
 <small>Click here to enter text.</small>	 <small>Click here to enter text.</small>	 <small>Click here to enter text.</small>	 <small>Click here to enter text.</small>	 <small>Click here to enter text.</small>



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

Equipment Detail:

Region:	B	County:	Putnam
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Marion	Equipment Location:	Unknown
Equipment Description:	Used Mobile Command Resp Vehicle-used 4X4 Dodge Pickup	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$10,600	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.
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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>Charuka Beaver</i>	<i>Community Planner</i>	<i>573-565-2203</i>	<i>Charuka Beaver</i>	<i>12/29/18</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	Putnam County	660-385-8700 ext 8640		12/20/2018

Equipment Detail:

Region:	B	County:	Putnam
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Marion	Equipment Location:	Unknown
Equipment Description:	PPE Equipment	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$1,032.58	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		



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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>[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.		