

**SCHUYLER 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:
Kathryn Magers	Administrator	Schuyler County Health Dept	660-457-3721	<i>Kathryn Magers</i>	2/4/19

Equipment Detail:

Region:	B.	County:	Randolph
Fiscal Year Purchased:	2011	Grant Program:	SHSGP
Title Holder Agency:	Schuyler County Health Department	Equipment Location:	213 S. Green St., Lancaster, MO 63548
Equipment Description	Elliott Upgrade	Manufacturer and Model:	Elliott
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$9,335.23	Acquisition Date:	6/12/12
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

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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
Kathryn Mejer	Administrator	660-457-3721	<i>Kathryn Mejer</i>	2/4/19

Regional Planning Commission/Council of Governments Program Director

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



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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Kathryn Magers	Administrator	Schuyler County Health Dept	660-457-3721	<i>Kathryn Magers</i>	2/4/19

Equipment Detail:

Region:	B	County:	Randolph
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Schuyler County Health Department	Equipment Location:	213 S. Green St., Lancaster, MO 63548
Equipment Description:	Chemical Detector	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$3,359.78	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
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Comments			



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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Kathryn megers	Administrator	660-457-3720	<i>Kathryn Megers</i>	2/4/19

Regional Planning Commission/Council of Governments Program Director

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



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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Kathryn Magors	Administrator	Schuyler County Health Dept	660-457-3721	<i>Kathryn Magors</i>	2/4/19

Equipment Detail:

Region:	B	County:	Randolph
Fiscal Year Purchased:	2004	Grant Program:	SHSOP
Title Holder Agency:	Schuyler County Health Department	Equipment Location:	213 S. Green St., Lancaster, MO 63548
Equipment Description	Lap Top Computer	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	3
Acquisition Cost:	\$1,613.09	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	
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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Kathryn Meyers	Administrator	660-457-3721	<i>Kathryn Meyers</i>	2/4/19

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	Chairman	660-385-8700 ext 8640	<i>Tom Yates</i>	12-20-18

OHS Approval

Name	Title	Phone	Signature	Date



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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Kathryn Magers	Administrator	Schuyler County Health Dept	660-457-3721		2/4/19

Equipment Detail:

Region:	B		County:	Randolph	
Fiscal Year Purchased:	2009		Grant Program:	SHSGP	
Title Holder Agency:	Schuyler County Health Department		Equipment Location:	213 S. Green St., Lancaster, MO 63548	
Equipment Description	Equipment, Citizens Corps		Manufacturer and Model:	Unknown	
Identification Number/Serial Number:	Unknown		Quantity:	1	
Acquisition Cost:	\$4,046.77		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	
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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Kathryn Magers	Administrator	660-457-3722	<i>Kathryn Magers</i>	2/4/19

Regional Planning Commission/Council of Governments Program Director

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



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Kathryn Magers	Administrator	Schuyler County Health Dept.	660-457-3721	<i>Kathryn Magers</i>	2/4/19

Equipment Detail:

Region:	B		County:	Randolph	
Fiscal Year Purchased:	2009		Grant Program:	SHSGP	
Title Holder Agency:	Schuyler County Health Department		Equipment Location:	213 S. Green St., Lancaster, MO 63548	
Equipment Description	Elliott Credentialing		Manufacturer and Model:	Elliott	
Identification Number/Serial Number:	Unknown		Quantity:	1	
Acquisition Cost:	\$17,500.00		Acquisition Date:	6/16/2009	
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	
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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Kathryn Magers	Administrator	(660.457)-3721	<i>Kathryn Magers</i>	2/4/19

Regional Planning Commission/Council of Governments Program Director

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

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

Equipment Detail:

Region:	B	County:	Schuyler
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Lancaster Fire and Rescue	Equipment Location:	Unknown
Equipment Description	Spare SCBA Cylinders	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$1,330.00	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	This equipment could not be located due to invalid information provided to MTRCOG. Phone calls and letters were sent and not responded to. It was determined this equipment needs to be removed from the inventory list due to insufficient data.		



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Responsible Authorized Official of title holding agency: *Insufficient info*

Name	Title	Phone	Signature	Date

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

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

Equipment Detail:

Region:	B	County:	Schuyler
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Lancaster Fire and Rescue	Equipment Location:	Unknown
Equipment Description	Scott Air-Pak Fifty SCBA for Class 1, Division 1	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	4
Acquisition Cost:	\$4,570.00	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
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Responsible Authorized Official of title holding agency: *insufficient info.*

Name	Title	Phone	Signature	Date

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>12/20/18</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



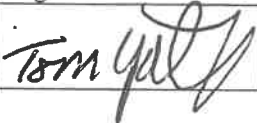
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Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Tom Yates	Chairman	Region B RHSOC	660-385-8700 ext 8640		12/20/2018

Equipment Detail:

Region:	B	County:	Schuyler
Fiscal Year Purchased:	2004	Grant Program:	SHSGP
Title Holder Agency:	Lancaster Fire and Rescue	Equipment Location:	Unknown
Equipment Description	Cascade System	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$4,500.00	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
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Name	Title	Phone	Signature	Date

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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