

**SHELBY 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	Contact Name	Contact Email	Contact Phone Number	Miscellaneous Lit.
IA	Shelby	2014/STMS		Camera Upgrade		GoPro			Shelby County	1	\$ 242.95	\$ 16,250.50	100%	9/8/2013	18th Ave	Regional	Operational	N/A	N/A	Steve McDaniel		972-873-1454	Mobile Computer	
IA	Shelby	2002/STMS	1983	Network 4 PC Drive (D)					Shelby County	1	\$ 1,900.00	\$ 1,900.00				Yes				Steve McDaniel		972-873-1454	Medical	
IA	Shelby	2006/STMS	2711	Peristaltic Pumps and (5)					Shelby County	5	\$ 4,775.00	\$ 25,000.00				Regional				Steve McDaniel			Medical	
IA	Shelby	2006/STMS	4044	Incubators (4)		Thermo	Daylog		Shelby County	1	\$ 4,688.42	\$ 4,688.42	100.00%	10/1/2011	202 N. Main St. Shelbyville, KY	Regional	Operational	N/A	N/A	Keith Pendergrass	keith.pendergrass@shelbycountygov.net	972-873-2125	Chemical	
IA	Shelby	2006/STMS	4335	Incubators (4)		Thermo	QDS		Shelby County	1	\$ 3,797.03	\$ 3,797.03	100.00%	10/11/2011	202 N. Main St. Shelbyville, KY	Local	Operational	N/A	N/A	Keith Pendergrass	keith.pendergrass@shelbycountygov.net	972-873-2125	Chemical	



# 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:
Keith Panteleo	Administrator	Salt River Ambulance District	573-633-2335		03/07/2019

**Equipment Detail:**

Region:	B		County:	Shelby
Fiscal Year Purchased:	2009		Grant Program:	SHSGP
Title Holder Agency:	Salt River Ambulance District		Equipment Location:	202 N Jackson St, Shelbyville, MO
Cobra Cam (submersible)	Ventilators		Manufacturer and Model:	Oxylog
Identification Number/Serial Number:	Unknown		Quantity:	1
Acquisition Cost:	\$4,496.42		Acquisition Date:	5/9/2011
Current Market Value:	Unknown		% of Federal funds used in acquisition:	100%
Requested Method of Disposition:	Remove from Inventory. Dispose			
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	Click here to enter text.			



# 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*

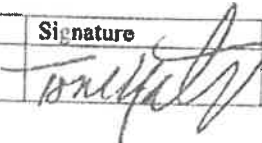
Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Kieth Pantaleo	Administrator	573-633-2335		03/07/2019

Regional Planning Commission/Council of Governments Program Director

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

RHSOC Chair/Vice Chair Approval

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

OHS Approval

Name	Title	Phone	Signature	Date




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  - c. See 2.C.F.R. 200.213 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: Keith Panteleo	Job Title: Administrator	Agency: Salt River Ambulance District	Phone Number: 573-633-2335	Signature: 	Date: 03/07/2019
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**Equipment Detail:**

Region:	B	County:	Shelby
Fiscal Year Purchased:	2009	Grant Program:	SHSGP
Title Holder Agency:	Salt River Ambulance District	Equipment Location:	202 N Jackson St, Shelbyville, MO
Cobra Cam (submersible)	Ventilators	Manufacturer and Model:	Autovent
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	\$3,767.03	Acquisition Date:	8/11/2011
Current Market Value:	Unknown	% of Federal funds used in acquisition:	100%
Requested Method of Disposition:	Remove from Inventory. Dispose		
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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Comments	Click here to enter text.		




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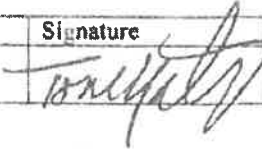
Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Kieth Pantaleo	Administrator	573-633-2335		03/07/2019

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Chandra Beaver	Community Advisor	573-565-2203		12/20/18

RHSOC Chair/Vice Chair Approval

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

OHS Approval

Name	Title	Phone	Signature	Date



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## Equipment Disposition Request Form

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  - c. See 2 CFR 200.313 Equipment and other capital expenditures, and the Missouri Office of Homeland Security, Division of Grants, Local and State Assistance Administrative Guide for Homeland Security Grants.
- 2) This form along with the approval will need to be maintained in the subrecipient grant files.
- 3) If requesting disposition of multiple equipment items at one time you may attach a spreadsheet that includes all if the information below. Also select, See attached

Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Mary Lu McConnell	Shelby County 911	Shelby County 911	573-633-1424	<i>Mary Lu McConnell</i>	3-8-18

Equipment Detail:

Region:	B	County:	Shelby
Fiscal Year Purchased:	FY2014	Grant Program:	Choose an item.
Title Holder Agency:	Shelby County 911	Equipment Location:	100 E Main St, Shelbyville, MO 63469
Equipment Description:	Dispatch Upgrade, Software & Firmware Upgrade	Manufacturer and Model:	A & W Communications
Identification Number/Serial Number:	8STGN22, 8SYRN22	Quantity:	2
Acquisition Cost:	16,250.00	Acquisition Date:	6/15/15
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	100%
Requested Method of Disposition:	Disposal- New Upgrade installed		
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 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



# Department of Public Safety Office of Homeland Security

Comments	Click here to enter text.
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Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date
Mary Lu McConnell	Shelby County 911	573-633-1424	<i>Mary Lu McConnell</i>	3-8-18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Cindy Hultz	Executive Director	573-565-2203	<i>Cindy Hultz</i>	3-8-18

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date
Michael Kindle	RHSOC Chair	660-385-1911	<i>Michael Kindle</i>	3-8-18

OHS Approval

Name	Title	Phone	Signature	Date





# 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:
Mary Lu McConnell	Shelby County 911	Shelby County 911	573-633-1424	<i>Mary Lu McConnell</i>	12/14/18

**Equipment Detail:**

Region:	B	County:	Shelby
Fiscal Year Purchased:	FY2004	Grant Program:	SHSP
Title Holder Agency:	Shelby County 911	Equipment Location:	100 E Main St, Shelbyville, MO 63469
Equipment Description:	Portable Radios	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	6
Acquisition Cost:	4,173	Acquisition Date:	
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	100%
Requested Method of Disposition:	Disposal-		
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 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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Name	Title	Phone	Signature	Date
Mary Lu McConnell	Shelby County 911	573-633-1424	<i>Mary Lu McConnell</i>	12/14/18

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Charika Beaver	Community Planner	573-565-2203	<i>Charika 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
Click here to enter text.	Click here to enter text.	Click here to enter text.		



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Mary Lu McConnell	Shelby County 911	Shelby County 911	573-633-1424	<i>Mary Lu McConnell</i>	12/14/18

Equipment Detail:

Region:	B	County:	Shelby
Fiscal Year Purchased:	FY2003	Grant Program:	SHSP
Title Holder Agency:	Shelby County 911	Equipment Location:	100 E Main St, Shelbyville, MO 63469
Equipment Description:	Pentium 4 3.0 GHz w/ Monitor	Manufacturer and Model:	Unknown
Identification Number/Serial Number:	Unknown	Quantity:	1
Acquisition Cost:	1,500	Acquisition Date:	
Current Market Value:	\$0.00	% of Federal funds used in acquisition:	100%
Requested Method of Disposition:	Disposal- New Upgrade installed		
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
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Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date
Charnda Beaver	Community Planner	573-565-2203		12/20/18

RHSOC Chair/Vice Chair Approval

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OHS Approval

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Click here to enter text.	Click here to enter text.	Click here to enter text.		