

Upon completion, mail a copy of this form to: Florida Department of Law Enforcement Office of Criminal Justice Grants P.O. Box 1489 Tallahassee, FL 32302-1489

Agencies that purchase equipment with federal funding are required to maintain a Capital Asset/Equipment Inventory as per 2 C.F.R. §200.313(e). A subgrantee must inform the SAA within 30 days when transferring or disposing of equipment. Subgrantees must submit all such changes on the Equipment Disposition Form.

| Subgrantee: | SELECT PROGRAM BE BYRNE JAG | ELOW: NARIP | NCHIP | PREA | PSN | RS/ | AT | OTHER | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|------------|---------|-----------------|--------------|-----------|---------------|--------|--------------|----|
| Equipment is being: Transferred/Sold Donated Disposed of/Surplus Reported Missing Description of Item Manufacturer Serial No. Depreciated Fair Market Value Strain Ma | Subgrantee: | | | | Fed | | | | | | |
| Equipment is being: Transferred/Sold Donated Disposed of/Surplus Reported Missing Description of Item Manufacturer Serial No. Depreciated Fair Market Value Strain Ma | Grant #: | | | | Project Period: | | | | | | |
| Description of Item Manufacturer Serial No. Depreciated Fair Market Value S A. If Transferred/Sold/Donated: Transfering Entity (Agency, Address, Phone & POC) Receiving Entity (Agency, Address, Phone & POC) Price Paid B. If Missing, Reason and Last Known Date: C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone Agency has no further obligation. Agency must complete obligation below: | | ☐ Transforr | od/8old | Прот | -4- d | | | [| ∃Bono | rtod Missing | |
| A. If Transferred/Sold/Donated: Transfering Entity (Agency, Address, Phone & POC) Receiving Entity (Agency, Address, Phone & POC) Price Paid B. If Missing, Reason and Last Known Date: C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone Agency has no further obligation. Agency must complete obligation below: | Equipment is being: I ransferred/50Id | | | | | □Dishosed | | | | | |
| A. If Transferred/Sold/Donated: Transfering Entity (Agency, Address, Phone & POC) Receiving Entity (Agency, Address, Phone & POC) Price Paid B. If Missing, Reason and Last Known Date: C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone Agency must complete obligation. Agency must complete obligation below: | Description of Item | | | | Manufactu | ırer | | | | | |
| Transfering Entity (Agency, Address, Phone & POC) Receiving Entity (Agency, Address, Phone & POC) Price Paid B. If Missing, Reason and Last Known Date: C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | \$ | | |
| Transfering Entity (Agency, Address, Phone & POC) Receiving Entity (Agency, Address, Phone & POC) Price Paid B. If Missing, Reason and Last Known Date: C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone Agency has no further obligation. Agency must complete obligation below: | | | | | 1 | | <u> </u> | | | | _] |
| B. If Missing, Reason and Last Known Date: C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone Agency must complete obligation. Agency must complete obligation below: | A. If Transferred/Sold/D | onated: | | | | | | | | | |
| C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | Transfering Entity (Age | ncy, Address, | Phone & PO | C) Re | ceiving Ent | ity (Agency, | Address, | Phone & PC | OC) | Price Paid | |
| C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | | | _ |
| C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | | | |
| C: If Disposed, Date and Location: Form Completed By: Representative Signature Date Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | | | |
| Form Completed By: Representative Signature Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | B. If Missing, Reason a | and Last Know | n Date: | | | | | | | | |
| Form Completed By: Representative Signature Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | | | |
| Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | C: If Disposed, Date ar | nd Location: | | | | | | | | | |
| Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | | | |
| Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | Form Completed By: | | | | | | | | | | |
| Printed Name Phone FDLE OCJG Internal Use Only Agency has no further obligation. Agency must complete obligation below: | | | | | | | | | | | |
| | Representative Signatur | e | | | | | Date | | | | |
| | | | | | | | | | | | |
| Agency must complete obligation below: | Printed Name | | | | | | Phone | | | | |
| Agency must complete obligation below: | | | EDI E (| oc ic i | ntornal II | so Only - | | | | | _ |
| Agency must complete obligation below: | | | I DLL | 00001 | internal o | _ | | | ation | | |
| Date Received: | | | | | | | | | | | |
| | Date Received: | | | | | Agency | y must co | implete oblig | jation | Jelow. | |
| | | | | | | | | | | | |
| Reviewed By: Date: | Paviawad Pvr | | Data: | | | | | | | | |
| Neviewed by. Date. | Neviewed by. | | Dale. | | | | | | | | |
| Approved By: Date: | Approved By: | | Dato: | | | | | | | | |