



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DPS GRANTS**

**EQUIPMENT DISPOSITION/TRANSFER
REQUEST FORM - REGIONALIZATION**

P.O. Box 749
Jefferson City, MO 65102
Telephone: (573) 526-9020
Fax: (573) 526-9012

Purpose of Disposition of Equipment/Property: When original or replacement equipment acquired with Homeland Security funds is no longer needed for the original project or program, the equipment may be retained, sold, or disposed, if it is not needed in any other HS sponsored project or program. The following are the procedures to eliminate any equipment item from the inventory:

- Subrecipients must submit a Disposition of Equipment Form to their awarding agency. (for example: DPS, RPC, COG, etc.)
- The awarding agency will request approval to transfer or dispose of the equipment from the respective RHSOC. If approved, the RHSOC chair/vice chair will sign the form. (This step does not apply to LETPA and NSGP)
- If the awarding agency approves they will endorse the form and submit it to DPS for review.
- If the item can no longer be used by the program and the equipment per item fair market values is less than \$5,000, DPS will approve for the agency to retain, sell or dispose with no further obligation to the DPS.
- If the item can be used by another qualifying agency for the program, the DPS will approve the transfer of the equipment to the other qualifying agency if they agree to follow relevant grant requirement, and sign a transfer of equipment form.
- If the item(s) cannot be used by the program and the equipment value is \$5,000 or more, DPS shall have the right to the fair market value proceeds from the sale of the equipment.
- No equipment may be disposed of or sold without prior approval from DPS.
- Documentation describing the disposal of equipment must be maintained in the subrecipient grant file.
- If requesting disposition for multiple equipment items at one time you may attach a spreadsheet that includes all if the information below. Please check box if a spreadsheet is attached ☐

Requestor Name:			
Title:			
Agency:			
Phone Number:			
Email Address:			
Signature:			
Date:			
EQUIPMENT DETAIL			
Region:		County:	
Fiscal Year Purchased:		Grant Program:	
Title Holder Agency:		Equipment Location:	
Equipment Description:		Manufacturer and Model:	
Identification Number/Serial Number:		Quantity:	
Acquisition Cost:		Acquisition Date:	
Current Market Value:		% of Federal funds used in acquisition:	

Requested Method of Disposition:				
Reason for Retirement: (Check appropriate box and note comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input type="checkbox"/>	Missing or lost
	<input type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/>	Replaced (list new description, model, & serial number in comments box)
	<input type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Transfer (Please fill out the information boxes below.)		
Comments				
Fire Equipment Transfer	<input type="checkbox"/> Selection of this box certifies that a Donated Equipment Application has been approved. For a transfer of equipment from a Fire Department/District, a Donated Equipment Application must be completed prior to transferring the equipment. The application can be found at: https://dfs.dps.mo.gov/programs/resources/donated-equipment.php . The Division of Fire Safety is bound by state statute to approve the donation of all equipment from one fire department to another, Section 320.091 RSMo .			

Transfer Information:

New Agency Name:	
New Contact Name:	
New Location:	
New Contact Phone Number:	New Contact Email:

Approvals: The following approval must be obtained before retirement of equipment is granted. Each party should retain a copy. Not applicable to LETPA and NSGP.

Responsible Authorized Official of title holding agency:

Name	Title	Phone	Signature	Date

Regional Planning Commission/Council of Governments Program Director

Name	Title	Phone	Signature	Date

RHSOC Chair/Vice Chair Approval

Name	Title	Phone	Signature	Date

DPS

Name	Title	Phone	Signature	Date