



**MISSOURI OFFICE OF HOMELAND SECURITY
DIVISION OF GRANTS**

**EQUIPMENT DISPOSITION/TRANSFER
REQUEST FORM**

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 (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 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:			
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				

Transfer Information:

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

Homeland Security Grant Program Project Director:

Name:
Title:
Phone Number:
Email Address:
Signature:
Date:

OHS Approval

Name:
Title:
Phone Number:
Email Address:
Signature:
Date: