Attachment C

EQUIPMENT INVENTORY

Items of Equipment with a Current Fair Market Value of $5,000 or More and Purchased with Federal Grant Funds

Official Signature: _____

Printed Name: _____

Title: _____

Telephone Number: _____

Grant Number: _____

Date of submission: _____

Is this program continuing beyond the expiration date of this CNS grant? ____ Yes ____ No

If the above answer is YES, does the grantee request to continue use of all or part of the equipment? _____ Yes (identify all such equipment below by marking it with a double **) _____ No _____ N/A

or

Does the grantee request the use of the equipment on other federally supported activities? _____ Yes _____ No _____ N/A

Title Holder/ Funding Source (e.g. Grantee/ CNS)	**Item Description**	**Equipment Serial No.**	**Location/Site and Condition***	**Acquisition Date/Cost**	**Estimated Current Fair Market Value**	**Disposition/ Date**

∗ E-Excellent VG-Very Good G-Good F-Fair P-Poor

If the grantee does not request continued use of items of equipment, the Corporation will issue disposition instructions upon receipt of the inventory.