



SUBGRANTEE INVENTORY CONTROL LIST

MDHS Funding Division: _____

1. Subgrantee Name: _____
 Physical Audit Address: _____
 City, State, Zip Code: _____

2. Contact Person: _____
 Telephone Number: (____) _____

3. Funding Source and Year: _____
 Grant ID: _____ Contract Period: From _____ to _____

4. Total Equipment Amount Budgeted: \$ _____

A. Inventory #	B. Item Description	C. Serial #	D. Model #	E. Vendor Name	F. Invoice Date	G. Check/ Voucher #	H. Cost	I. Location

(MDHS will complete item A)	(Subgrantee must complete items 1 – 4 & B - I)
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The inventory as listed on this document is true and correct. Each item is being used in the program or project for which it was acquired; or in other activities currently or previously supported by a Federal Agency. The undersigned accepts accountability for this subgrantee equipment and agrees to notify MDHS of any changes in the use, location, or condition of any of the items.

Signature of Authorized Official _____

Date _____

Printed Name of Authorized Official _____

Title of Authorized Official _____