

MDHS - SUBGRANTEE EQUIPMENT INVENTORY TAGGING FORM

Mississippi
MDHS-PROP-SE01
Revised 11/3/2016

Section I: Please complete the following information identifying the subgrantee organization and the subgrant agreement under which the equipment was purchased (Note: a separate form must be completed for each subgrant agreement and each location):

Subgrantee Name			MDHS Funding Division
Physical Address Where the Equipment is Located			Agreement Number
City/Town	State	Zip Code	Program Title
Name of the Contact Person			Telephone Number (including area code)

Section II: Please complete the following information for each item of equipment purchased under this subgrant:

MDHS Subgrantee Inventory Tag Number	Description of Item (Including Manufacture or Brand Name and Model Number)	Serial Number	Cost of the Item Including Tax and Shipping Charges

Is this the final purchase of equipment for this location under this subgrant? ☐ Yes ☐ No

Section III. To be completed by MDHS personnel:

The MDHS inventory tag numbers identified above were affixed to the specific items of equipment. The physical existence of each item was confirmed and the description of each item and serial number were verified.

_____	_____	_____
(Signature of MDHS Personnel)	(Title or Position)	(Date Inventory Completed)

Section IV. To be completed by an authorized subgrantee official:

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)