



SUBGRANTEE EQUIPMENT INVENTORY TAGGING FORM

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

Subgrantee Name	MDHS Funding Division
Physical Address Where the Equipment is Located	Subgrant 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)
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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)