



# MDHS Lost or Stolen Property Packet (Subgrantee)

Please have all forms completed then turn into the  
Property Division.

- Authorized Executive Subgrantee Official's signature is required on the **Subgrantee Disposition Report**.
- Lost or Stolen Property Affidavit must be notarized.
- Please give a detailed explanation of the incident causing the property to be lost or stolen. This will aid the Funding Division in determining whether restitution is required.
- Police or Sheriff's Report is required if the property was stolen.



PROPERTY MANAGEMENT ACCOUNTABILITY  
SUBGRANTEE - DISPOSITION REPORT

SECTION 1: Disposition Type *(Check One)*

☐ Sale ☐ Trade-In ☐ Write Off (Salvage)

Program: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Cost: \_\_\_\_\_ Subgrant/Contract #: \_\_\_\_\_

SECTION II: Equipment Data

MDHS INV # (1)	Item Description (2)	Condition (3)	Reason for Disposal (4)	Method of Disposal (5)

SECTION III: Certification *(Check One)*

- ☐ Upon physical inspection of the equipment item(s) described above, I find the condition to be irreparable and of no salvageable value, therefore I recommend the disposal of this equipment in the most expeditious manner.
- ☐ Equipment has become lost, stolen, or has mysteriously disappeared. Lost or Stolen Property Affidavit and Police/ Sheriff's Investigation Report is attached.

Authorized Subgrantee Official Signature

Date

Authorized Executive Subgrantee Official Signature - Required

Date

Funding Division Director Signature

Date

Recorded By:

Date Entered



## LOST OR STOLEN PROPERTY AFFIDAVIT

\_\_\_\_\_  
Name of Institution, Department or Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Date: \_\_\_\_\_ Location of Property: \_\_\_\_\_

Description	Inventory No.	Report No.	Date Purchased	Cost or Value

**Detailed Explanation of Loss:** (in case of loss, theft or robbery, show the name of the local law enforcement entity notified and the date the loss was discovered. If such loss was not reported to a local law enforcement entity at the time of the discovery, give a complete explanation of such failure.)

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WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

\_\_\_\_\_  
Executive Head of Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Responsible for Property

\_\_\_\_\_  
Date

**PERSONALLY APPEARED BEFORE ME**, the undersigned authority, in and for \_\_\_\_\_ County, in the State of Mississippi, the above-named individuals, who, being their first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

**GIVEN UNDER MY HAND AND OFFICIAL SEAL**, in the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## SUBGRANTEE - LOST OR STOLEN PROPERTY AFFIDAVIT QUESTIONNAIRE

This form must accompany the 114-A Disposition Report, an affidavit and a police report when applicable, to be used as documentation to support request to remove lost/stolen property items from MDHS/Subgrantee Inventory. The Lost or Stolen Property Affidavit Questionnaire must be completed by employee(s)/subgrantee(s) assigned to property.

Division \_\_\_\_\_

Inventory No. \_\_\_\_\_

Description \_\_\_\_\_

	Criteria		Comments
1.	Any previous losses? If yes explain in comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Indicate date of loss if applicable		
3.	If suspected stolen, last know location		
4.	Item(s) stolen during or after hours		
5.	Was the item(s) in question located in a locked area (room, office, car, building, etc.) If yes where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Please list the individual(s) with keys to that location		
7.	Indicate whether the item(s) were reported to the Property Unit within 24 hours as required: if no, state number of days that transpired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Was a thorough local investigation conducted? If yes, give date of investigation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Were inquires made to other counties, offices or divisions? If yes, please list	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Was the missing or unaccounted item(s) still in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	If missing or suspected stolen, date reported to law enforcement		
12.	Has the item(s) been reported to the National Crime Information Center (NCIC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

13.	Number of hours the building is covered by security, if any?		
14.	Is janitorial contractor for the building supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	If missing or suspected stolen, were pawn shop inquiries made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	The name of the last individual with possession of the item(s) at time of loss.		
17.	Was the item(s) that was reported missing or unaccounted for considered surplus property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	If additional unused surplus property is on premises, will it be transferred, disposed of or destroyed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\_\_\_\_\_  
Signature (Employee responsible for Property)

\_\_\_\_\_  
Date



## SUBGRANTEE MISSING PROPERTY QUESTIONNAIRE

### I. SUBGRANTEE AUTHORIZED OFFICIAL REQUEST TO REMOVE INVENTORY

Inventory No. \_\_\_\_\_

Description: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

County: \_\_\_\_\_

Documentation to remove the above listed item from your inventory has been received.

	YES	NO
Were you aware that this situation has occurred?		
Do you feel there has been a diligent search for the missing/lost item?		
Have you or a designee investigated the circumstances surrounding the missing/lost item?		
Is the explanation of the missing/lost item reasonable and acceptable?		
Do you recommend restitution for the missing/lost item by the responsible employee?		
If the responsible employee is no longer employed, was an exit conference completed?		
Comments:		

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Subgrant Authorized Official Signature

\_\_\_\_\_  
Date

### II. FUNDING DIVISION DIRECTOR RECOMMENDATION BELOW

Please provide your recommendation regarding the missing property.

☐ Pay Depreciated Value    ☐ Pay Original Cost    ☐ Write-Off Loss of Equipment

Comments:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Funding Division Director Signature

\_\_\_\_\_  
Date