| | | | | | | 1. Pa | nge 1 of | pa | ages | |
|---|-------------------------------|----------------------------|---------------|--|--|-----------------|------------------|--------------------|--|--|
| | Red | cord of Pers | onal Pro | nerty I oan | | 2. Da | ate | | | |
| Record of Personal Property Loan To Federal Organizations or Individuals Please see instructions on reverse. | | | | | | 3. NI | 3. NIH Loan No. | | | |
| 4 NIH Len | der (IC organizati | | | rse. 5. Borrowing Organization or Individual (name, address, phone and fax no.) | | | | | | |
| | , 0 | , | | | S | , | , | · • | , | |
| 6. IC Point | of Contact (Name | e, phone and fax no | .) | | | | | | | |
| 7a. Cust. Code | b. Decal No. | (s | | scription ufacturer, model no.) | | d. Qty. | e. Acq. Value | f. Acq. | g. Cond. | |
| | | | | | | | | | | |
| | | | | h. T | 「otal Non-A | cct. | | | | |
| | | | | i. T | otal Acct. | | | | | |
| 9. <i>NIH Sigi</i> a. Initiating | | and print name, title, phe | one no.) Date | b. Approving Pro | | | | Date | | |
| c. Property Management Representative | | | | (Sign, and prii | (Sign, and print name, title, and phone no.) | | | | | |
| c. Property Management Representative | | | | Approxing progra | Approving program efficial eggsess (1) The lean is beneficial equill come | | | | | |
| d. NIH Property Accountable Officer | | | | useful purpose to | Approving program official agrees: (1) The loan is beneficial or will serve a useful purpose to the NIH. (2) The property to be loaned is not excess. (3) The loan will not cause acquisition of similar item. | | | | | |
| a. The property of the United States Government described above is loaned for the period commencing and ending on, unless terminated earlier at the discretion of the NIH. The property shall be used only for the purpose described above and in compliance with all applicable Federal, State, and local laws. This agreement shall terminate automatically upon any violation of the requirement in the preceding sentence. Borrower shall immediately notify NIH of any such unauthorized use of the property and , as directed by NIH, return all loaned property to the NIH at borrower's expense. Paragraphs b, c, d, e, f, and g shall survive any termination of this agreement. b. The property listed above is being loaned to borrower with no warranties, express or implied including any warranty of mer- | | | | e. Giving 24 to 48 hours prior notice, aut employees or authorized representatives shall not use loaned property for purpose than authorized under this. The borrower's responsibility shall to upon receipt of the property by the The borrower agrees to immediately of any accident or event of loss or volving the property. It were agrees to use the property careamanner reasonably contemplated at the property will be usable during conomic life, which extends beyond of this loan agreement. Borrower agree the property in good repair, conworking order, reasonable wear and ted, and to inform NIH of and return typromptly to NIH for any necessary ce or repair. The borrower shall not afface, or otherwise tamper with any rement property decals or other idenarkings placed upon the property by | | | | | es of NIHg normal to return here the inspect ure common under the following the follow | |
| 11a. Signatu | ure of Borrower (a | agrees to terms above) | b. Printed Na | ame | c. Title | loaned property | y or to discip | linary action d. D | | |

Instructions for Completing Form NIH 2489-3 Use For Federal Organizations or Individuals Only

Use when completing Form NIH 2489-3. Do not submit these instructions with form.

- 1. Page 1 of ___ pages: Indicate the number of pages contained in the Loan package. Number the following pages in consecutive order, i.e., Page 2 of 10, Page 3 of 10.
- 2. Date: Date initiated.
- 3. **NIH Loan No.**: Loan number is assigned by the Property Management Division (PMD).
- 4. **NIH Lender** (*IC organization and address*): Provide the IC address including room number, for lender.
- 5. **Borrower** (name, address, phone and fax no.): Provide the property location address, along with the borrower's name, phone and fax no. (if applicable).
- 6. **IC Point of Contact** (*Name, phone and fax no.*): Provide IC name for Point of Contact or Property Custodial Officer (PCO) familiar with the property.
- 7. Custodial Code, Decal No., Description (serial no., manufacturer, model no.), Qty., Acq. Value, Acq. Date, Cond., Total Accountable Property, Total Non-accountable: Attach a copy of the PMIS or NIH Data Warehouse record for loaned NIH accountable property; type in the block "Attached PMIS Record" or "Attached NIH Data Warehouse Record," whichever is applicable. Type non-accountable property identification directly on the form or attach a list (type in the block "Attached Non-accountable Property Listing"). Indicate the loan totals for Non-accountable Property (7i).
- 8. **Justification** (include intended use, purpose, and Government benefit): Provide justification on form or attach justification and type in the form block "**See Attached Justification**." The purpose of the loan and the intended use of

the property must be specifically described. (A statement that the equipment will be used for NIH-supported research at X university or similar general statements will not satisfy this requirement for a specific description.) The justification must include benefit to the Government. The Lender must provide the justification, not the Borrower.

9. NIH Signatures:

- a. **Initiating Supervisor** (*Sign, and print name, title, phone no.*): The signature of Lender's first line supervisor.
- b. **Approving Program Official** (*Sign, and print name, title, phone no.*): The signature of second level supervisor, IC Executive Officer, or IC Chief Administrative Officer.
- c. Property Management Representative: The signature of the IC Property Management Representative (PMR). The PMR is responsible for ensuring the IC Property Custodial Officer receives a copy of the loan to update the Property Management records.
- d. NIH Property Accountable Officer: The signature of the NIH Property Accountable Officer. This position resides in the Office of Logistics Management, Property Management Division.
- 10a. **Terms for Borrower**: Type beginning and ending loan dates.
- 11a. **Signature of Borrower** (agrees to terms above), **b. Printed Name**, **c. Title**, **d. Date**: Ensure the Borrower signature, printed name, title, and date blocks are completed before forwarding to the NIH Property Accountable Officer for signature, Ensure Borrower reads and understands "**Terms for Borrower**."