## **EQUIPMENT INVENTORY**

## Items of Equipment with a Current Fair Market Value of \$5,000 or More and Purchased with Federal Grant Funds

Official Signature:  Printed Name:  Title:  Telephone Number:			Grant Number:										
			Date of submission:  Is this program continuing beyond the expiration date of this CNS grant?  YesNo  If the above answer is YES, does the grantee request to continue use of all or part of the equipment?Yes (identify all such equipment below by marking it with a double **)No  or  Does the grantee request the use of the equipment on other federally supported activities?YesNo										
							Title Holder/ Funding Source (e.g. Grantee/ CNS)	Item Description	Equipment Serial No.	Location/Site and Condition*	Acquisition Date/Cost	Estimated Current Fair Market Value	Disposition/Date
							,						
E-Excellent VG-Very Good		G-Good	F-Fair	P-Poor									

If the grantee does not request continued use of items of equipment, the Corporation will issue disposition instructions upon receipt of the inventory.