

INVENTORY OF RESIDUAL SUPPLIES

Unused/Residual Supplies Purchased with Federal Funds with an Aggregate Fair Market Value Exceeding \$5,000

(If the estimated Fair Market Value is less than \$5,000, title rests in the grantee and no inventory is necessary)

Official Signature: _____

Grant Number: _____

Printed Name: _____

Date of submission: _____

Title: _____

Is this program continuing beyond the expiration date of this CNS grant? ___ Yes ___ No

Telephone Number: _____

If above answer is YES, does the grantee request the continued use of all or part of the supplies? ___ Yes (identify all such supplies below by marking them with a double **) ___ No
or

Does the grantee request the use of the supplies on other federally supported activities? ___ Yes ___ No

Items Description	Location/Site	Current Fair Market Value	Final Authorized Disposition/Date

* Total _____

*Total must exceed \$5,000

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