**Template 1**

**Provider Tangible Property Inventory Form**

**Contract Reference:** *Sections A-1.2, B-7.2 and Guidance 2*

**Frequency:** *Ongoing*

**Due Date:** *Ongoing*

Provider Name: Provider Contract #:

Contact Person: Phone Number:

Address: City:

State: Zip:

Managing Entity Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DCF Property #** | **Description** | **Model # & Serial #** | **DCF Transfer Date** | **Provider Purchase Date** | **Original Cost** | **Funding Source (OCA)** | **Location** | **Condition[[1]](#footnote-1)** **(E-G-F-P)** | **Disposition Remarks/Comments** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

By my signature below, I hereby certify that all confidential data, including protected health information, has been permanently removed from all computer related media that has been transferred to or from my custody. Furthermore, I certify that the removal of this information has been done so in the manner described in the Department of Children and Families Operating Procedure CFOP 50-2. I understand that any violation of that procedure may result in substantial fines and/or criminal prosecution according to provisions of Federal and State statutes.

I hereby certify that all items of equipment included in this inventory list have been physically checked and are in custody of this contract provider, except as noted in the remarks section of this inventory, as of this date. I also certify to the location and condition of this equipment and/or furniture as noted.

PROVIDER'S SIGNATURE: DATE:

ME SIGNATURE: DATE:

1. E = Excellent Condition; G = Good Condition; F = Fair Condition; P = Poor Condition [↑](#footnote-ref-1)