**DEPARTMENT OF CHILDREN AND FAMILIES**

**Disposition of Property Form**

**Center/Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disposition of Property**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item #** | **Description**  | **Serial Number** | **Model Number** | **Source of Funds** | **Award Number** | **Vested in the recipient or Federal Government** | **Original Acquisition date** | **Cost** | **Percentages of Federal Participaiotn in the cost** | **Condition (E-G-F-P)** | **Current Location** | **Disposition Remarks/Comments** |
| 1 |   |   |   |   |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |   |   |   |   |

**\*Condition: E - Excellent, G - Good, F - Fair, P - Poor**

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 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 & Families Operating Procedure CFOP 50-2. I understand that by violation of that procedure may result in substantial fines and/or criminal prosecution according to provisions of Federal and State statutes.

**CENTER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Acknowledging Disposition of Property)

**CONTRACT MANAGER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Acknowledging Disposition of Property)