

Template 1 Provider Tangible Property Inventory Forum

Contract Reference: Sections A.1.1.2, A.1.1.3, A.10.1, B.7.1.1, C.2.1 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 (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