

10/8/2008

Lead Agency Property Inventory & Disposition Report

Lead Agency Name and Contract #

Contact person:

Phone Number:

Address:

City, State, Zip:

Inventory

Description of Property/Unique Identifier	Serial #	DCF Transfer Date If Applicable	Lead Agency Acquisition Date	Original Acquisition Cost	Current Location	*Condition (E-G-F-P)	Disposition Remarks/Comments

Disposition

Description of Property/Unique Identifier	Serial #	DCF Transfer Date If Applicable	Lead Agency Acquisition Date	Original Acquisition Cost	Current Location	*Condition (E-G-F-P)	Disposition Remarks/Comments

*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.

I hereby certify that all items of equipment included in this inventory list have been physically checked and are in custody of this contract Lead Agency, 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.

CONTRACT LEAD AGENCY'S SIGNATURE: _____ **DATE:** _____

(Acknowledging Receipt or Inventory of Property)

CONTRACT MANAGER'S SIGNATURE: _____ **DATE:** _____

(Acknowledging Receipt which contains a Copy of Inventory and/or Disposition Property)