



SDFSCA
FY 2009

GOVERNOR'S GRANTS PROGRAM

LANDON STATE OFFICE BLDG, ROOM 304N, 900 SW JACKSON, TOPEKA, KS 66612
FAX: (785) 291-3204

EQUIPMENT INVENTORY FORM

DUE WITHIN 30 DAYS OF PAYMENT DATE

Subgrantees are required to fill out this form if equipment is purchased with any grant funds. Any equipment purchase must be approved as part of the grant award. The definition of equipment is assets with a useful life of one year or more and a cost of \$500 or more. This form must be submitted within 30 days of payment. A copy also should be retained in the subgrantee's grant file.

Name of Subgrantee Organization: _____

Grant Project Number: _____

Name and Phone Number of individual Completing Form: _____

Description of Equipment: _____

Quantity Purchased: _____

Serial (or other identification) Number: _____

Source of the Equipment: _____

Identification of Who Holds the Title: _____

Acquisition Date: _____ Paid Date: _____

Cost of the Equipment: _____ Cost Charged to Grant: _____

Percentage of Cost Paid for with Federal Grant Funds: _____

Location of Equipment: _____

New/Used (circle one) Equipment on Date of Purchase. If used, Condition of Equipment: _____

The subgrantee agrees that equipment purchased through this grant project will continue to be used for the purpose it was purchased for as long as needed, whether or not the grant project continues to be supported by this grant program. Further, the subgrantee assures that services provided which utilize the equipment purchased by this grant project will continue to be reported to the Governor's Grants Program annually for as long as the equipment is used.

If you have any questions, please do not hesitate to contact this office at (785) 291-3205.

For Office of the Governor Use

Entered by: _____

Date: _____