Attachment C

EQUIPMENT INVENTORY

Items of Equipment with a Current Fair Market Value of $5,000 or More and Purchased with Federal Grant Funds

Official Signature:_____

Printed Name:_____

Title:_____

Telephone Number:_____

Grant Number: _____

Date of submission:_____

Is this program continuing beyond the expiration date of this CNS grant? ____Yes ____No

If the above answer is YES, does the grantee request to continue use of all or part of the equipment? ____Yes (identify all such equipment below by marking it with a double **) ____No

or

Does the grantee request the use of the equipment on other federally supported activities? _____Yes _____No

Title Holder/ Funding Source (e.g. Grantee/ CNS)	Item Description	Equipment Serial No.	Location/Site and Condition*	Acquisition Date/Cost	Estimated Current Fair Market Value	Disposition/Date

E-Excellent VG-Very Good G-Good F-Fair P-Poor

If the grantee does not request continued use of items of equipment, the Corporation will issue disposition instructions upon receipt of the inventory.