



# Equipment Inventory Report

Alfred E. Smith Building  
80 South Swan St.  
Albany, NY 12201

Grantee:

Contract Number:

Implementing Agency:

Project Title:

County:

Date:

| A<br>Item Description (Make, Model, Etc.) | B<br>Quantity | C<br>Cost (per unit) | D<br>Total Cost | E<br>Serial Number or<br>Other ID | F<br>Condition of<br>Equipment | G<br>Date of<br>Purchase | H<br>Date of DCJS on<br>Site Review |
|-------------------------------------------|---------------|----------------------|-----------------|-----------------------------------|--------------------------------|--------------------------|-------------------------------------|
|                                           |               |                      |                 |                                   |                                |                          |                                     |
|                                           |               |                      |                 |                                   |                                |                          |                                     |
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|                                           |               |                      |                 |                                   |                                |                          |                                     |
|                                           |               |                      |                 |                                   |                                |                          |                                     |
| TOTAL COST                                |               |                      |                 |                                   |                                |                          |                                     |

I hereby certify that the above equipment has been received and added to our property accounting records. Said equipment will be periodically inventoried and reconciled with accounting records. I am requesting continued use of equipment. I have read the reverse side of this form and understand all of the rules governing the use of equipment purchased with these grant funds.

Public Safety Grants Representative, DCJS  
Acceptance for continued use and possession of equipment

## INSTRUCTIONS FOR PREPARATION AND USE

The Division of Criminal Justice Services requires all grantees and sub-grantees to maintain equipment accountability records. This form, when properly completed, will serve as the primary accounting and inventory record for use by Grantees for this purpose.

**Complete the heading with Grantee Name, DCJS Number, Contract Number, Implementing Agency, Project Title (if applicable), County, Date (report preparation date), and Page Number (if applicable).**

This information can be found on the first page of your contract, or on the actual grant award or original application.

| Complete columns A through H as follows:          |                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Column A</b><br>ITEM DESCRIPTION               | A complete description of the item purchased is required in order to properly identify the item in subsequent inventories. Make, model, year and sometimes color description may be necessary. Use as many lines as necessary to describe each item. Leave a blank space between lines. |
| <b>Column B</b><br>QUANTITY                       | Enter number representing the total of like items reported herein (e.g. desks executive-3).                                                                                                                                                                                             |
| <b>Column C</b><br>COST                           | Enter the amount paid for the item. Like items with the same unit cost may be reported on one line. If the costs are different for like items, a separate entry is required for each item.                                                                                              |
| <b>Column D</b><br>TOTAL COST                     | Multiply the Quantity (column B) by the Cost (column C) and enter the total here. Add cost of all items in Column D and enter total at bottom.                                                                                                                                          |
| <b>Column E</b><br>SERIAL NUMBER OR OTHER<br>ID   | Enter the manufacturer 's identification number or in the absence of same, an agency (grantee) number assigned for inventory and accounting purposes. If multiple items list serial numbers separately.                                                                                 |
| <b>Column F</b><br>CONDITION OF EQUIPMENT         | Enter whether the equipment received is new or used.                                                                                                                                                                                                                                    |
| <b>Column G</b><br>DATE OF PURCHASE               | Enter the date when equipment was actually purchased.                                                                                                                                                                                                                                   |
| <b>Column H</b><br>DATE OF DCJS ON SITE<br>REVIEW | Enter, if applicable, a date when DCJS personnel inspected and/or verified the equipment during a site visit. <b>This column must be completed by DCJS personnel.</b>                                                                                                                   |

**CERTIFICATION:** This form must be signed on the front page by the grantee program representative.

The Division of Criminal Justice Services requires that grantee conduct a physical inventory of property records at least once every year to verify the existence, current utilization and continued need for the property. In the event the property is no longer required by the Grantee, this fact should be reported to DCJS as soon as possible.

**Authorization for Continued Use:** Upon completion of all contractual requirements by the grantee, DCJS Office of Program Development and Funding accepts the request for continued use and possession of the equipment purchased with grant funds. This acceptance is made providing the equipment continues to be used in accordance with the contracted activities and guidelines.

If at any time during the life expectancy of the equipment your organization should dispose of any of these items, any proceeds realized must be reinvested in equipment items to continue your organization's activities. If the proceeds are not reinvested to continue activities, that percentage of the proceeds equal to the proportion of the original purchase price paid by funds for the contract must be paid to the State of New York.