EQUIPMENT INVENTORY

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

Official Signature:_____ Grant Number: _____

Printed Name:_____ Date of Submission:_____

Title:_____

Telephone Number:_____ Is this program continuing beyond the expiration date of this CNCS grant? ____Yes ____No

Title Holder/ Funding Source (e.g. Grantee/ CNS)	Item Description	Equipment Serial Number	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 is no longer continuing its program and reports any equipment with a fair market value of $5,000 or more, CNCS will issue disposition instructions upon receipt of the equipment inventory form.