

07/01/07

Lead Agency Property Inventory

Lead Agency Name and Contract #

Contact Person:
Phone Number:
Address:
City, State, Zip:

Description	Serial #	DCF Transfer Date	Lead Agency Purchase Date	Original Cost	Location	Condition (E-G-F-P)	Disposition Remarks/Comments

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 to or 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 and Families Operating Procedure CFOP 50-2. I understand that any 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: _____

CONTRACT MANAGER'S SIGNATURE: _____

DATE: _____