## **Equipment Inventoy Form**

Grant Name: Grant Number:

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ATE] Inventory Number	Description (Item Specific)	Source of Funding	FAIN	Total Cost (Per Item	Percent of Federal Participation	Serial/Model Number	Acquisition Date	Location of Property	Use	Condition
	MJF Speaker (3)					MJF-281		MICP		
	Frontline Camera Unit							MICP		
	Dish Network Reciever							MICP		
	JFS Communications					ACU-5000		MICP		
	ICOM Radio Head							MICP		
	Trendnet T2					TC - P48C5E		MICP		
	Trendnet T2							MICP		
	Grandstream Router							MICP		
	I Direct X5							MICP		
	AVL Technologies Unit							MICP		
	APC Power Supply					SMX3000LV		MICP		
	Radio Charging Station					WPLN4127AR		MICP		
	Radio Charging Station					MSKI		MICP		
	Microwave					Dometic		MICP		
	Microfridge					Summit		MICP		
	Microfridge					Norcold		MICP		
	ICOM Tranceiver IC 718					2202845		MICP		
	2006 Freightliner MICP							MICP		
					DATE	OF TRANSFER	SIGNATURES			
Na	ime of Sub-Recipient: [INS	SERT HERE]						Name of Rec	eiving Jurisdictio	on/Agency: [I/
inted Name and	Title			_				Printed Name and	Γitle	
gnature		Date						Signature		

Title Holder	Disposition
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