

Task Force:

Grant Year/Program(s):

Receiving Team:

Project/Subproject#:

Project Name(s):

Equipment Type:

AEL Numbers:

Equipment Description *(use additional sheet if necessary)*

Detailed specifications for the requested items must be included.

Timeframe/Date for Estimated Delivery:

Will the equipment be maintained by HSGP Funds?

Will the equipment be used solely in a surge capacity?

Is the location of the equipment security sensitive?

Is manufacturer substitution allowable?

If no, please explain:

Estimated Cost:

LETPP Amount:

Suggested Vendor Name:

Phone:

Vendor ID No:(if known)

State Contract No:(if applicable)

Address:

Identify how this equipment or service will support the region:

Identify how and where this equipment or service will be developed or used:

Identify how the recipient will provide maintenance/care for the equipment or coordinate this service over the next 5 years:

Identify any additional instructions or comments:

<u>Delivery Location & Point of Contact</u>	<i>Special Instructions for Delivery</i>	
<u>Contact Person for this Request</u>		
Name:	Phone:	Email:
Receiving Team/Entity:		
Receiving County/Counties:		
<i>I certify that my company/department/organization/agency/team is NIMS Compliant; and, if provided equipment by the Task Force we agree that, if available and requested, we would support a regional response to a major incident. If procuring equipment, I certify the equipment will be properly maintained and any use/theft reported promptly to the Task Force.</i>		
Requester:	<i>Signature</i>	Date:
County/City/Committee Approval (if applicable)	<i>Signature</i>	Date:
<u>Task Force Use Only</u>		
Approved by Executive Board:	Executive Board Approval Date:	
Budget Code (if applicable):	Equipment Tracking Number:	
<i>Comments:</i>		
Task Force Approver:	<i>Signature</i>	Date: