

**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 &amp; 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:	
Comments:		
Task Force Approver:	<i>Signature</i>	Date: