

**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:  |