



Property Control Record and Equipment Certification

Provide an inventory of the following: ALL WEAPONS (lethal or not); all equipment-designated assets; any supply-designated assets (regardless of unit cost) having serial numbers. Applicable to any item purchased with federal funds during life of the grant.

Authorizing Agency: _____

Implementing Agency: _____

Project Name: _____

Project Number: _____

Project Director: _____

E-mail Address: _____

Equipment Information	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	

I, the undersigned certify that the equipment approved in the above referenced grant was purchased and installed in compliance with grant regulations and guidelines. The completed Property Control Record and equipment photos have been uploaded to GEMS along with applicable supporting documentation.

Print Name

Signature

Date

For more than 3 items, please complete additional forms.
Please collate and number multiple forms as follows. For example, if you have three forms.
Number the forms in this format: Page 1 of 3: Page 2 of 3: Page 3 of 3 and so forth.

PAGE _____ of _____

Project Name:

Project Number:

Equipment Information	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
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Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	