

EQUIPMENT DISPOSITION/TRANSFER FORM

Complete and submit this form to request state approval to dispose of property purchased with WIC funds. Disposition of property with a fair market value \$5000 or more per item must be approved.

Local Agency Name:

Name & Title of Requestor:

Email Address of Requestor:

Cell Phone/Office Phone:

Section I - Disposal Description

If disposing of multiple items in the same category (e.g., multiple computers), list the individual items with their serial #/tag#/VIN# on an attached excel spreadsheet if needed.

Item Description	Serial/VIN#	Mileage	Location	% paid w/ WIC funds	Date of Purchase MM/DD/YYYY	Purchase Price	Current Fair Market Value	Condition Code	Reason for Disposal Code

COMMENTS:

Condition Code

- E – Excellent
- G – Good
- F – Fair
- P – Poor

Reason for Disposal Code

- B – Too expensive to repair
- O – Obsolete
- D – Damaged beyond repair
- R – Replaced with upgrade
- L – Lost
- S – Stolen
- X – Other

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Section II - Method of Disposal/Transfers

Sold/Auction (proceeds become WIC program income)	Date:	Sales Price:
Trade-in	Date:	Trade-in Value:
LA/Parent Agency Purchase from WIC Program	Date:	Sales Price:
Transfer to another WIC local agency	Transfer Date:	
Agency Name/Location		
Transfer to another Federal Grant Program at Parent Agency	Transfer Date:	
Parent Agency Name (no abbreviations)		
Name of Federal Program (no abbreviations)		
Other (attach any additional information to this form)		
COMMENTS:		

Section III - Contractor Completion/e-Signature Required

1. Does your local agency and/or parent agency have an established disposal policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have all of the items listed above been sanitized according to WIC policy AUT 9.0?	<input type="checkbox"/> YES	Completion Date:
	<input type="checkbox"/> NO	COMMENTS:
<i>Signature acknowledges completion of requirements stated in this section.</i>		
Name (e-signature):	Title:	Signature Date:

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Section IV - Property Transfer

Complete this section if your transferring property. Both transferring & receiving program/agency must complete and sign this section and email to the WIC contract manager within 10 business days of transfer. Save completed form in purchasing file for audit purposes.

This is to certify that the property listed on this form was released by the "Transferring Agency" and was acquired by the "Receiving Agency" named below. If required, the property will be reported by the "Receiving Agency" on the designated WIC asset management system within thirty (30) business days of receipt.

Transferring Agency		Receiving Agency/Program	
Parent Agency Name		Legal Entity Name	
Local Agency Name		Program Name:	
Agency Address (street, city, state)		Entity Address: (street, city, state)	
Name of Person responsible for Transferring Item(s):		Name of Person Responsible to Receive Item(s):	
Title of Person Transferring Item(s):		Title of Person Receiving Item(s):	
Signature/e-signature of Person Transferring Item(s):		Signature/e-signature of Person Receiving Item(s):	

Return completed form to the WIC contract manager at: WIC_LA_ContractManagement@hhs.texas.gov

Sent By (typed name)	Date Sent:	
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For WIC program use

- Inventory disposition is approved based on the information provided.
- Inventory disposition is denied.

Name:	Title:	Date:
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