

HPNAP Capital Equipment (C.E.) Transfer/Disposal Form

For Emergency Food Programs (EFP)

Instructions:

- 1) For EFPs wishing to transfer or dispose of HPNAP funded C.E. received through a HPNAP Contractor or Operating Support C.E. grant, please complete Section 1 and send to Food Bank of Central New York.
- 2) Food Bank of Central New York staff will complete Section 2 and send the form to their HPNAP contract manager.

Section 1

Agency Name _____ Account Number: _____

Address _____

Type of Equipment: _____ Make: _____ Model: _____

Serial Number: _____ Condition: _____

Date Purchased: _____ Purchase Price: _____

Request to:

____ Transfer equipment to another agency (Equipment is in good working condition)

____ Dispose of equipment

Check all that apply:

____ Equipment is more than ten years old

____ Equipment does not work

____ Estimated cost to repair \$_____ (You must include a repair estimate)

____ Repair estimate included (Required if requesting disposal for equipment less than ten years old)

Additional comments and/or justification: _____

Completed by: _____ Date: _____ Phone Number: _____

Section 2

HPNAP Contractor Name: Food Bank of Central New York

____ Transfer/disposal approved. Equipment is transferred to (include full address): _____

____ Transfer/disposal denied

Reason: _____

____ Disposal of equipment is supported (This form is forwarded to contract manager for disposal/transfer of equipment. If transfer/disposal of equipment is denied, the HPNAP Contractor must contact contract manager).

Completed by: _____ Date: _____

Section 3

For HPNAP contract manager:

Request to dispose/transfer. A copy of this form is forwarded to HPNAP Contractor and contract manager maintains a copy.

____ Approved

____ Not Supported

Reason _____

Contract Manager: _____ Signature: _____ Date: _____