

249-2022

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

June Session of the April Adjourned

Term 20

County of Boone

In the County Commission of said county, on the

14th

day of

June

20 22

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the application of the Emergency Management Performance Grant.

Done this 14<sup>th</sup> day of June 2022.

ATTEST:

*Brianna L. Lennon*

Brianna L. Lennon  
Clerk of the County Commission

*Daniel K. Atwill*

Daniel K. Atwill  
Presiding Commissioner

*Justin Aldred*

Justin Aldred  
District I Commissioner

*Janet M. Thompson*

Janet M. Thompson  
District II Commissioner



**BOONE COUNTY**  
**Office of Emergency Management**

2145 County Drive  
Columbia, MO 65202  
573-554-7900

**MEMORANDUM**

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**DATE:** June 10, 2022

**TO:** Dan Atwill, Presiding Commissioner  
Justin Aldred, District I Commissioner  
Janet Thompson, District II Commissioner

**FROM:** Chris Kelley, Deputy Director

**SUBJECT:** Emergency Management Performance Grant Application

Enclosed is the 2022 Emergency Management Performance Grant (EMPG) Application and the Program Manual. The EMPG funding is a 50/50 cost split between the County and FEMA to ensure Emergency Management (EM) is effective across the country.

# Missouri Department of Public Safety

## Application

### 139789 - FY2022 EMPG - Final Application

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140826 - Emergency Management Performance Grant  
Emergency Management Performance Grants (EMPG) Local

Status: Editing Submitted Date: Submitted By:

### Applicant Information

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#### Primary Contact:

Name\*: Ms. Della Luster  
Title First Name Last Name  
Job Title\*: Administrative Coordinator  
Email\*: dluster@boonecountymo.org  
Mailing Address\*: 2145 County Drive  
Street Address 1:  
Street Address 2:  
\* Columbia Missouri 65202  
City State/Province Postal Code/Zip  
Phone\*: 573-554-7907 Ext.  
Fax: 573-442-3828

#### Organization Information

Applicant Agency\*: Boone County, Emergency Management Agency  
Organization Type\*: Government  
Federal Tax ID#: 436000349  
DUNS #: 073755977  
Unique Entity ID\*: GKUHNXLX9MJJ3  
SAM/CCR CAGE Code: Valid Until Date  
Organization Website: www.showmeboone.com/OEM  
Mailing Address\*: 2145 County Drive  
Street Address 1:  
Street Address 2:

<b>City*</b>	Columbia City	Missouri State/Province	65202 Postal Code/Zip	0000 + 4
<b>County:*</b>	Boone			
<b>Congressional District:*</b>	04			
<b>Phone:*</b>	573-554-7900			Ext.
<b>Fax:</b>	573-442-3828			

## Contact Information

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### Authorized Official

Enter the name and address of the individual who has the authority to legally bind the applicant agency.

- City Government - If the applicant agency is a city, the Mayor/City Administrator shall be the Authorized Official.
- County Government - If the applicant agency is a county, the Presiding Commissioner shall be the Authorized Official.

<b>Authorized Official:*</b>	Mr.	Daniel	Atwill
	Title	First Name	Last Name
<b>Job Title:*</b>	Presiding Commissioner		
<b>Agency:*</b>	Boone County Commission		
<b>Mailing Address:*</b>	801 E. Walnut, Suite 333		
<b>Street Address:</b>	801 E. Walnut		
<b>City/State/Zip*</b>	Columbia	Missouri	65201
	City	State	Zip Code
<b>Email:*</b>	datwill@boonecountymo.org		
<b>Phone:*</b>	573-886-4306		
	Office		Cell

### Project Director

For EMPG grant the EMD is the Project Director.

<b>Emergency Management Director:*</b>	Mr	Chad	Martin
	Title	First Name	Last Name
<b>Agency:*</b>	Boone County Emergency Management		
<b>Mailing Address:*</b>	2145 County Drive		
<b>Street Address:</b>	2145 County Drive		
<b>City/State/Zip*</b>	Columbia	Missouri	65202
	City	State	Zip Code
<b>Email:*</b>	cmartin@boonecountymo.org		
<b>Phone:*</b>	573-554-7900	573-489-4618	
	Office	Cell	

**Fiscal Officer**

For EMPG grants the City/County Treasurer is the Fiscal Officer.

**Fiscal Officer:\*** Mr. Dustin Stanton  
 Title First Name Last Name

**Job Title:\*** Treasurer

**Agency:\*** County of Boone

**Mailing Address:\*** 801 E. Walnut, Room 304

**Street Address:** 801 E. Walnut

**City/State/Zip\*** Columbia Missouri 65201  
 City State Zip Code

**Email:\*** dstanton@boonecountymo.org

**Phone:\*** 573-886-4367  
 Office Cell

**Project Contact Person**

**Is the Emergency Management Director and the Project Contact Person the same?\*** No  
 If the EMD & Project Contact are the same, It is not necessary to complete the Project Contact Information.

**Project Contact Person:** Mr. Chris Kelley  
 Title First Name Last Name

**Job Title:** Deputy Director

**Agency:** Boone County Emergency Management

**Mailing Address:** 2145 County Drive

**Street Address:** 2145 County Drive

**City/State/Zip** Columbia Missouri 65202  
 City State Zip Code

**Email:** dcluster@boonecountymo.org

**Phone:** 573-554-7900 573-268-6707  
 Office Cell

**Project Narrative Justification**

**Project Title:\*** FY22 Emergency Management Performance Grant

**Project Type:\*** Develop/enhance homeland security/emergency management organization and structure

**The requested funds will be used to:\*** Sustainment of Existing Project

**Select the primary Core Capability that will be** Protection Operational Coordination

**supported by this proposed project.\***

**Project Narrative Summary\***

FY 2022 funds will be utilized to maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

2000 Character Limit

**Gap or Need Addressed\*** Operational Coordination  
**Project Objective\*** Sustain Emergency Management  
**Anticipated Project Impact\*** Community Preparedness

*Select the Mission Areas that apply to this project. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.*

**Mission Area\*** Prevention, Protection, Mitigation, Response, Recovery

*Select the POETE categories that apply to this project. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.*

**POETE Category\*** P - Planning, O - Organization, E - Equipment, T - Training, E - Exercise

*Select the Identified Gap or Need reference document for this project. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.*

**Reference for Identified Gap or Need\*** THIRA/SPR

## Performance Goals

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**Performance Goals\*** Maintain our current staffing level in order to plan for both planned and unplanned events/disasters, provide training to citizens and emergency services.  
To be active in community outreach and public events.

**Current Capability Metrics\*** We attend training for OEM staff and provide training for citizens and jurisdictions. We have an active CERT that we provide monthly training and track all of the above hours. We test and maintain equipment for deployment. We provide planning assistance for any and all events that we are invited to assist. We join or host many outreach events to promote community preparedness. We host and attend quarterly LEPC meetings and trainings. RAVE messaging.

**Milestones\*** We have 25 outreach events scheduled this year, four have been completed.  
Update and develop new recovery plan.  
Provide misc trainings for stakeholders, jurisdictions, and the public.  
Purchase and utilize IPAWS for public information and warning.  
Purchase and utilize Bridge4PS Pro.

## Performance Measures

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**Percent of capability-building EMPG Program-funded projects that align** 100

to capability gaps identified by states, territories, and urban areas in their SPR submissions.\*

Percent of EMPG Program dollars spent on capability-building projects that align to capability gaps identified by states, territories, and urban areas in their SPR submissions.\* 100

Percent of capability-building EMPG Program-funded projects that address a core capability that has one or more targets rated as high priority.\* 100

Percent of funding allocated to build or sustain capabilities in EMPG Program national priority areas and RA agreed-upon priority areas.\* 100

Percent of Planning, Training and/or Exercise related projects that align with closing capability gaps identified and documented in the state/territory's most recent THIRA/SPR submission, Mitigation Plan, After Action Reports, Audits./Monitoring Findings, or other Deliberate Plans.\* 100

### Staffing Pattern

<b>Position</b>	Chad Martin	Director	11/19/2019
	Name	Title	Hire Date
<b>Position</b>	Chris Kelley	Deputy Director	03/02/2020
	Name	Title	Hire Date
<b>Position</b>	Della Luster	Administrative Coordinator	01/11/2016
	Name	Title	Hire Date
<b>Position</b>			
	Name	Title	Hire Date
<b>Position</b>			
	Name	Title	Hire Date

**Position**

Name	Title	Hire Date
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**Position**

Name	Title	Hire Date
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**Position**

Name	Title	Hire Date
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***Baseline Requirement #1- Emergency Operations Center (EOC)***

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<b>EOC Location*</b>	Boone County ECC			
<b>EOC Street Address:*</b>	2145 County Drive	Columbia	MO	65202
	<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>EOC Phone Number*</b>	573-554-7900	573-268-6707		
	<small>Primary EOC Number</small>	<small>EOC Alternate Phone Number</small>		
<b>EOC Contact Person*</b>	Chris Kelley			
	<small>Name</small>			
<b>Contact Person Address*</b>	2145 County Drive	Columbia	MO	65202
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

***Baseline Requirement #2- Local Emergency Operations Plan (LEOP)***

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I understand as a minimum requirement my awarded agency must update/review our LEOP every 2 years and maintain SEMA verification documents with identified changes.\*

Yes

Date of Last LEOP update/review?\*

03/01/2022

Have you provided your State Emergency Management Agency (SEMA) Area Coordinator with your agency's LEOP?  
\*

Yes

***Baseline Requirement #3- National Incident Management System (NIMS)***

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1. Has the jurisdiction Yes

formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?\*

2. Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?\*

Yes

3. Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?\*

Yes

4. Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?\*

Yes

5. Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?\*

Yes

6. Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?\*

Yes

### Baseline Requirement #4- Training Requirements

1. Have all EMPG funded personnel completed the minimum required FEMA trainings?\*

Yes

IS 100, IS 120, IS 200, IS 230, IS 235, IS 240, IS 241, IS 242, IS 244, IS 700, IS 800. Required completion within 12 months of hire.

2. Have all EMPG funded personnel

Yes

G191, IS2200 and IS/K2300. Required completion within 24 months of hire.

**completed the additional required FEMA trainings?\***

*If answered 'No' on either training requirements questions, provide your plan to achieve training compliance in the section below.*

**Outline plan to meet training requirements.**      Training compliant

### **Baseline #5- Exercise Requirements**

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*The Severe Weather Drill and the Great Shake Out Drill will no longer be considered allowable EMPG exercises for this requirement.*

**1. I understand all EMPG funded personnel must participate in no less than two (2) exercises per calendar year with one exercise being Operations based.\***      Yes

### **Baseline Requirement #6- Integrated Preparedness Planning Workshop (IPPW)**

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**I understand that all EMPG sub-recipients are required to conduct or participate in an annual Integrated Preparedness Planning Workshop (IPPW).\***      Yes  
At a minimum EMPG sub-recipients should maintain a local IPP that addresses the jurisdiction's compliance with EMPG training and exercise requirements.

### **Baseline Requirement #7- WebEOC**

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**I understand that my awarded agency will be required to utilize WebEOC during incidents, events and related WebEOC trainings.\***      Yes

### **Baseline Requirement #8- THIRA**

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*Threat and Hazard Identification and Risk Assessments (THIRA)*

**I understand that all EMPG sub-recipients are required to participate in the development or maintenance of state or regional THIRA at a**      Yes  
Participation in THIRA development may include serving as a member of regional working groups, interacting with state or regional THIRA planners, and/or answering THIRA data call queries.

minimum of at least once every three (3) years.\*

**This Form Completed By:**

\* Della Admin Coord 573-554-7907  
 Name Title Phone  
 \* dluster@boonecountymo.org 06/08/2022  
 E-mail Date Completed

**Capitalization Level**

Enter your agency's capitalization level. This is the dollar amount which qualifying expenditures are recorded as fixed assets for your City/County.

Capitalization Level:\* \$1,000.00

**Personnel**

Line Item Code:	Name:	Position Title:	Position Status:	Employment Status:	Total Annual Salary:	% of Grant Funded Time:	Total Salary Cost:	Federal Amount:	Match Portion Provided:
1001	Chad Martin	Director	Existing	Full Time	\$66,882.40	100.0	\$66,882.40	\$33,441.20	\$33,441.20
1002	Chris Kelley	Deputy Director	Existing	Full Time	\$65,020.80	100.0	\$65,020.80	\$32,510.40	\$32,510.40
1003	Della Luster	Administrative Coordinator	Existing	Full Time	\$41,225.60	100.0	\$41,225.60	\$20,612.80	\$20,612.80
								<b>\$86,564.40</b>	<b>\$86,564.40</b>

**Personnel Justification**

For each position, provide narrative justification.

If you request a new position or an increase for a current position, please explain why it is being requested. How has the agency paid for this expense in the past?

EMD-Plans, organizes, and directs the operations of the OEM program with local government, coordinates the OEM program with other programs of the county, supervises all personnel assigned to the program, meets with local, State, and FEMA officials to coordinate the OEM program.

Deputy Director-Assists the EMD in carrying out assigned duties.

Admin Coordinator-Maintains calendars and appointments, maintains records for OEM functions, prepares and monitors all grant documents, accounts payables for OEM, and coordinates and monitors siren maintenance.

5000 character limit

### **Personnel Benefits**

Line Item Code:	Name:	Indicate the % of total benefits:	Total Benefits:	Federal Portion:	Match Portion Provided:
2001	Chad Martin	17.3	\$11,573.24	\$5,786.62	\$5,786.62
2002	Chris Kelley	24.1	\$15,672.79	\$7,836.40	\$7,836.39
2003	Della Luster	28.02	\$11,550.23	\$5,775.11	\$5,775.12
				<b>\$19,398.13</b>	<b>\$19,398.13</b>

### **Personnel Benefits Justification**

*If personnel benefits are included in the budget, provide percentage breakdown by position for each fringe benefit.*

This includes FICA, health, dental, and life insurance, retirement match, and worker's compensation.

5000 Character Limit

### **Emergency Operation Center Supplies & Operating Expenses**

Line Item Code:	Supply/Operation Type:	Item Name:	Quantity:	Unit Cost:	Total Supply and Operation Cost:	Federal Portion:	Match Portion Provided:
3001	Contractual (Services, Maintenance, Etc.)	Siren Maintenance	1.0	\$49,000.00	\$49,000.00	\$24,500.00	\$24,500.00
						<b>\$24,500.00</b>	<b>\$24,500.00</b>

### **Emergency Operations Center Supplies & Operating Expenses Justification**

*If supplies or operating expenses are included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.*

Siren maintenance paid monthly to ensure our outdoor warning sirens function properly.

Increase due to ending warranties in 2023 on sirens.

**Emergency Operation Center Office Equipment**

Line Item Code:	Item Name:	AEL Category:	Qty:	Unit Cost:	Total Office Equipment Costs:	Federal Portion:	Match Portion Provided:
						\$0.00	\$0.00

**Emergency Operations Center Office Equipment Justification**

*If equipment is included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.*

5000 Character Limit

**Travel**

Line Item Code:	Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Federal Portion:	Match Portion Provided:
					\$0.00	\$0.00

**Travel Justification**

*If travel is included in the budget, provide justification for each expense. Explain why it is necessary to the success of the proposed project. Include: schedule of travel, duration, location and frequency.*

*For conferences, identify the location, date(s), and attendee(s) of the conference.*

5000 Character Limit

**Total Budget**

<b>Personnel</b>	\$86,564.40	\$86,564.40	\$173,128.80
	Federal	Match	Total
<b>Benefits</b>	\$19,398.13	\$19,398.13	\$38,796.26
	Federal	Match	Total
<b>Supplies</b>	\$24,500.00	\$24,500.00	\$49,000.00
	Federal	Match	Total
<b>Office Equip</b>	\$0.00	\$0.00	\$0.00
	Federal	Match	Total
<b>Travel</b>	\$0.00	\$0.00	\$0.00
	Federal	Match	Total
<b>Total</b>	\$130,462.53	\$130,462.53	\$260,925.06
	Federal	Match	Total

### Certification of Local Match

Type of Match:	Source Name	Match Amount
Hard	County of Boone	\$130,462.53
		\$130,462.53

### Supplanting

*I, as my agency's Authorized Official certify that any funds awarded through the Emergency Management Performance Grant (EMPG) shall be used to supplement existing funds for program activities and will not replace (supplant) non-federal funds that have been appropriated for the purposes and goals of the grant.*

**Select box to certify understanding:\*** Yes

**Authorized Official Title:\*** Boone County Commissioner

**Authorized Official Name:\*** Daniel Atwill

**Authorized Official Phone #:\*** 573-886-4306

**Authorized Official Email:\*** datwill@boonecountymo.org

**Date Certified:\*** 06/16/2022

### Audit Details

**Date last audit completed:** 06/30/2021

MM/DD/YYYY\*

Dates covered by last  
audit:

01/01/2020 - 12/31/2020

MM/DD/YYYY-  
MM/DD/YYYY\*

Last audit performed by:\* Rubin Brown LLP

Phone number of auditor\* 314-290-3300

Date of next audit:  
MM/DD/YYYY\* 06/30/2022Dates to be covered by  
next audit:

01/01/2021 - 12/31/2021

MM/DD/YYYY-  
MM/DD/YYYY\*Next audit will be  
performed by:\* Rubin Brown LLP

## Audit Certification

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*We have exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.*

Threshold Exceeded?\* Yes

## Certified By:

---

*	Della	Luster	Admin Coordinator
	First Name	Last Name	Title
*	2145 County Drive		
	Address		
*	Columbia	Missouri	65202
	City	State	Zip Code
*	573-554-7907	dluster@boonecountymo.org	06/10/2022
	Telephone	Ext. Cell Phone E-mail Address	Date

## Certified Application Assurance

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*To the best of my knowledge and belief, all data in this application is correct and the document has been duly authorized by the governing body of the agency. As the applicant agency, we attest to and will comply with the requirements of the 2021 Emergency Management Performance Grant.*

*I have read and am familiar with the following documents:*

2021 EMPG Program Manual  
2021 EMPG Notice of Funding Opportunity

*I have provided copies of these documents to the Authorized Official and Project Director.*

Your typed name as the applicant represents your acceptance of the requirements of this application.

**Name:\*** Della Luster  
**Job Title:\*** Administrative Coordinator  
**Date:\*** 06/10/2022

## Required Attachments

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Attachment	Description	File Name	Type	File Size
NIMS Ordinance or Resolution	NIMS Commission Order	NIMS Commission Order.pdf	pdf	267 KB
Audit	Single Audit	2020_OMB_Circular_A-133.pdf	pdf	224 KB
Inventory	2022 Inventory	Inventory.xls	xls	46 KB
Employment Contract				
Benefit Rate Sheets	Benefit Rate Sheet	2022 Benefit Letter for Grant Reimb.pdf	pdf	81 KB

## Other Attachments

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File Name	Description	File Size
2022 Siren Maint. PO.pdf (969 KB)	Siren Maintenance 2022 PO, increase added for expiring warranties on sirens in 2023.	969 KB
2022 Wage Calcs.xlsx (15 KB)	Wages Calculations	15 KB

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**MISSOURI  
FISCAL YEAR (FY) 2022  
EMERGENCY MANAGEMENT PERFORMANCE GRANTS (EMPG)  
PROGRAM MANUAL**

**ISSUED BY**

State Emergency Management Agency (SEMA)

**CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)**

CFDA Number: 97.042

CFDA Title: Emergency Management Performance Grants (EMPG)

**AUTHORIZING AUTHORITY FOR PROGRAM**

National Flood Insurance Act of 1968 (42 U.S.C. 4001 et seq.); Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.); Earthquake Hazards Reduction Act of 1977 (42 U.S.C. 7701 et seq.); Reorganization Plan No. 3 of 1978 (5 U.S.C. App.); and, Section 662 of the *Post-Katrina Emergency Management Reform Act of 2006* (PKEMRA), Public Law 109-295, as amended, (6 U.S.C. § 762).

**APPROPRIATION AUTHORITY FOR PROGRAM**

*The Consolidated Appropriations Act, 2016* (Public Law 114-113)

**KEY DATES**

Application Start Date: May 25, 2022

**Application Submission Deadline: June 17, 2022 at 4:00 p.m.**

Anticipated Award Date: August 1, 2022

**Period of Performance FY 2022 EMPG program:**

July 1, 2022 through June 30, 2023

# FY22 MISSOURI EMPG PROGRAM MANUAL

## EXECUTIVE SUMMARY

### **Emergency Management Performance Grants (EMPG)**

EMPG is a funding opportunity offered by the State Emergency Management Agency (SEMA). The purpose of the Missouri EMPG Program is to support a comprehensive, all-hazard emergency preparedness system by building and sustaining the core capabilities contained in the National Preparedness Goal.

### **Eligible Applicants**

The following entities with an emergency management director/coordinator are eligible to apply under this solicitation:

Funding under this program is ultimately used by emergency management organizations at the Local level of government. A Local organization for emergency management is any organization established under RSMo Chapter 44 by any county or by any city, town, or village to perform local emergency management functions, including fire districts.

Applicants must apply for, update, or verify their Data Universal Numbering System (DUNS) Number and Employer ID Number (EIN) and update or verify their System for Award Management (SAM) Registration. Applicants for this award must continue to maintain an active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by DHS/FEMA.

### **Baseline Requirements**

There are eight (8) Baseline Requirements for participation in the 2022 Missouri EMPG Program. All EMPG recipients are required to:

- Designate a 24/7 Emergency Operations Center (EOC)
- Maintain a Local Emergency Operations Plan (LEOP)
- Implement the National Incident Management System (NIMS)
- Complete FEMA/SEMA training requirements
- Participate in at least two (2) annual exercises, one of which is operations based
- Maintain an annual Integrated Preparedness Plan (IPP)
- Register for WebEOC, utilize during incidents, events and trainings
- Participate in Threat and Hazard Identification and Risk Assessment (THIRA) updates

### **Eligible Costs**

2022 Missouri EMPG costs are limited to the following categories:

- Essential Emergency Management Personnel and Benefits
- Essential Emergency Operations Center Supplies and Operating Expenses
- Essential Emergency Operations Center Equipment
- Essential Emergency Management Travel

**Application Process**

SEMA is making the 2022 Missouri EMPG application opportunity available through WebGrants, an on-line internet portal for electronic grants management. First-time users will need to register their organizations and get approval from SEMA prior to beginning the application process. Registration approval within WebGrants is not automatic and is subject to review and must be approved by the EMPG Program Manager. The WebGrants portal is open for registration at <https://dpsgrants.dps.mo.gov>. The application period is from May 25 to June 17, 2022 at 4:00 p.m. No late applications will be accepted.

**Cost Share or Match**

The Federal share of funds made available under the program shall not exceed 50 percent (50%) of the total budget. 42 U.S.C. § 5196(j). Unless otherwise authorized by law, Federal funds cannot be matched with other Federal funds. SEMA administers EMPG Program cost matching requirements in accordance with 2 CFR 200.306. To meet matching requirements, the subrecipient's contributions must be verifiable, reasonable, allowable, allocable, and necessary under the grant program and must comply with all Federal requirements and regulations.

Match can be hard or in-kind. Hard match is funds provided by the local government for the EMA, while in-kind match is donated goods or services. It should be noted that in-kind match should not replace hard match provided by the city or county for the purposes of running the EMA. In-kind match is used specifically for goods or services that go above and beyond the approved funds. For example, in-kind (or soft-match), can be used for items/projects that could not be funded through budgeted dollars. Items seen so far include purchasing a radio, repeater, computer, copier, etc. that could not be afforded through the approved local budget. In-kind match will be reviewed at time of application and is subject to available funds provided through SEMA for local expenses.

**Indirect Costs**

Indirect costs are allowable only if the applicant has an approved indirect cost rate with the cognizant Federal agency. A copy of the approved rate (a fully executed agreement negotiated with the applicant's cognizant Federal agency) is required at the time of application. Indirect costs will be evaluated as part of the application for Federal funds to determine if allowable and reasonable.

# FY22 MISSOURI EMPG PROGRAM MANUAL

## I. Funding Opportunity Description

### Program Overview and Priorities

The purpose of the EMPG Program is to make grants to assist State and local governments in preparing for all hazards, as authorized by the *Robert T. Stafford Disaster Relief and Emergency Assistance Act* (42 U.S.C. 5121 et seq.). Title VI of the *Stafford Act* authorizes FEMA to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the Federal Government, States, and their political subdivisions. The Federal Government, through the EMPG Program, provides necessary direction, coordination, and guidance, and provides necessary assistance, as authorized in this title so that a comprehensive emergency preparedness system exists at all levels for all hazards.

### Program Objectives

The 2022 EMPG Program plays an important role in the implementation of the National Preparedness System (NPS) by supporting the building, sustainment and delivery of core capabilities essential to achieving the National Preparedness Goal (NPG) of a secure and resilient Nation. Delivering core capabilities requires the combined effort of the whole community, rather than the exclusive effort of any single organization or level of government.

The 2022 EMPG Program's allowable costs support efforts to build and sustain core capabilities across the Prevention, Protection, Mitigation, Response and Recovery mission areas.

Examples of tangible outcomes from the EMPG Program include:

- Building and sustaining core capabilities
- Completion of the Threat and Hazard Identification and Risk Assessment (THIRA) process
- Strengthening governance integration
- Approved emergency plans
- Development and maintenance of multi-year Integrated Preparedness Plans (IPPs)
- Targeted training and verification of personnel capability
- Whole community approach to security and emergency management

## II. Baseline Requirements

In order to meet the established program objectives, the Missouri EMPG Program has established eight (8) baseline requirements for all recipients of 2022 funding.

### Baseline Requirement #1: Emergency Operations Center (EOC)

Recipients of 2022 EMPG funding are required to establish and designate a primary Emergency Operation Center (EOC) facility for their jurisdiction. The EOC must have 24/7 availability and the location and point of contact must be identified on the 2022 EMPG application.

**Baseline Requirement #2: Local Emergency Operations Plan (LEOP)**

Recipients of 2022 EMPG funding are required to update/review their Local Emergency Operations Plans (LEOP) every 2 years and maintain verification documents identifying changes with SEMA. Jurisdictions are encouraged to work with their SEMA Regional Coordinator to establish LEOP objectives and annual updates/reviews. The date of the jurisdiction's last LEOP update/review and planned quarterly activities to meet this requirement must be identified on the 2022 EMPG application.

**Baseline Requirement #3: National Incident Management System (NIMS)**

Recipients of 2022 EMPG funding are required to implement and strive for compliance with the National Incident Management System (NIMS). Jurisdictions must assess their NIMS compliance through the 2022 EMPG application and identify quarterly activities to mitigate any non-compliance. In addition, each agency must provide their city/county ordinance or resolution which states the municipality uses the National Incident Management System as the incident management structure to respond to disasters.

Emergency management and incident response activities require carefully managed resources (personnel, teams, facilities, equipment and/or supplies) to meet incident needs. Utilization of the standardized resource management concepts such as typing, inventorying and cataloging promote a strong national mutual aid capability needed to support delivery of core capabilities. Recipients of FY 2022 EMPG funds are required to participate in the statewide Kind & Typing initiative to include development of a deployable assets list that supports the Kind & Typing initiative.

**Baseline Requirement #4: Training Requirements**

Recipients of 2022 EMPG funding are required to ensure that all EMPG funded personnel complete the following FEMA training courses within twelve (12) months of hire and record proof of completion IS 100, IS 120, IS 200, IS 230, IS 235, IS 240, IS 241, IS 242 IS 244, IS 700 and IS 800.

Additionally, all EMPG funded exercise officers and management personnel involved in the design and evaluation of exercises must complete L-146 HSEEP within 24 months of hire and record proof of completion. If any required EMPG training has not yet been completed, jurisdictions must identify planned quarterly activity to meet the requirement on the 2022 EMPG application.

An Information Bulletin released in 2021 added several courses for which personnel who work in the EOC shall take. EMPG funded personnel shall take the courses as defined under Category Four which includes G191, IS2200, and G/E/K 2300. These courses shall be completed within 24 months of hire. For those hired during the previous Information Bulletin, the courses will be grandfathered in, and the additional IS 2200 and G/E 2300 will not be required. Those hired in 2021 or after, will take the additional training listed in the Information Bulletin.

### **Baseline Requirement #5: Exercise Requirements**

Recipients of 2022 EMPG funding are required to ensure that all EMPG funded personnel actively participate in two (2) exercises during a twelve month period. For the purpose of the grant, exercises shall be completed during the performance period of July 1, 2022 through June 30, 2023.

The State requires that all EMPG funded personnel must participate in no less than one (1) discussion-based exercises (seminar, workshop, table-top, game) and one (1) operations-based exercise (drill, functional, full-scale) per grant year. Jurisdictions must identify planned quarterly activity to meet these requirements on the 2022 EMPG application. It should be noted that the Statewide Severe Weather Drill and the Great Shakeout will no longer be accepted as an exercise for the purpose of this grant. In addition, real world events and disasters do not count as an exercise.

### **Baseline Requirement #6: Integrated Preparedness Planning Workshop (IPPW)**

Recipients of 2022 EMPG funding are required to conduct or participate in an annual Integrated Preparedness Planning Workshop (IPPW). At a minimum, jurisdictions should maintain a local Integrated Preparedness Plan (IPP) that addresses compliance with EMPG training and exercise requirements.

### **Baseline Requirement #7: WebEOC**

Recipients of 2022 EMPG funding are required to register for WebEOC and attend related trainings. We strongly encourage the use of WebEOC during incidents, events and related trainings.

### **Baseline Requirement #8: Threat and Hazard Identification and Risk Assessment (THIRA)**

Recipients of 2022 EMPG funding are required to participate in the development and/or maintenance of the state Threat and Hazard Identification and Risk Assessments (THIRA) through the Whole Community worksheet every three years. Participation in THIRA development may include serving as a member of regional working groups, interacting with state or regional THIRA planners, completing the Whole Community worksheet for your jurisdiction and/or answering THIRA data call queries.

## **III. Equipment Inventory**

### **Equipment Inventory Form**

Emergency Management Performance Grant (EMPG) applicants are required to submit an inventory of equipment they have purchased with EMPG funding at time of application on each even numbered calendar year (2022, 2024, 2026, etc.) Applicants must complete the Equipment Inventory Form, within the DPS WebGrants online portal, for newly purchased equipment in order to receive reimbursement through the EMPG.

In addition, with the purchase of Salamander Live for the State, each EMPG jurisdiction is required to input their deployable resources in the inventory management system for compliance with FY22 application. It is the responsibility of the subrecipients to maintain an updated inventory of equipment in WebGrants and deployable resources in Salamander for items purchased with EMPG funds.

## **IV. Funding Information**

### **Funding Priorities**

The Missouri EMPG Program has established four (4) funding priorities for 2022. Eligible funding is limited to costs to support essential emergency management personnel and benefits, essential emergency operations center supplies and operating expenses, essential emergency operations center equipment and essential emergency management travel.

### **Essential Emergency Management Personnel and Benefits**

Missouri EMPG funding is available to support essential emergency management personnel and benefits. Eligible costs include salary, contractual support and fringe benefits. All costs must be itemized and justified in the 2022 EMPG application. If an agency wishes to add a position to the grant, it must fit within the following positions:

- Emergency Management Director
- Assistant Emergency Management Director
- Emergency Management Administrative Assistant

All new positions to the grant must be approved before the position is hired as there is no guarantee of enough grant funds to provide for new positions.

### **Essential Emergency Operations Center Supplies and Operating Expenses**

Missouri EMPG funding is available to support essential emergency operations center (EOC) supplies and operating expenses. Eligible costs are limited to those items with a per unit value of less than \$1,000 that directly support the jurisdiction's EOC. The essential emergency operations center supplies category cannot be used to provide items for non-EMPG positions. All costs must be itemized and justified in the 2022 EMPG application. Examples of essential emergency operations center supplies and operating expenses are:

- EOC Maintenance (Maintenance/repair expenses for copier, computer, generator, other office equipment, etc.)
- General Office Supplies: Broadly defined as day-to-day supplies used on a recurring basis in general business functions and office operations, and are typically non-technical consumables with a singular/limited usefulness in life, such as writing tools (pencils, pens, markers); fasteners (paper clips, rubber bands, binding clips); general office paper products, (notebooks, post-it pads, calendars, copy paper); document filing and storage needs (folders, boxes, ring binders); desk accessories and organization aids; data processing media (CDs, flash drives); etc. *Excludes* photocopier paper, custom-printed paper items, cleaning products, toilet paper and hand towels, tools, paint, etc.

- Insurance (vehicle, building, etc.)
- Phone (Office phones for EOC and cell phones for EMPG funded personnel only)
- Postage
- Registration Fees (professional membership dues, conferences, etc.)
- Rent (Off-site storage rent/maintenance is capped at \$2,500 per year)
- Subscriber Services (internet, satellite, cable, etc.)
- Utilities (electric, water, gas, etc.)
- Vehicle Maintenance (EM vehicles only). Pursuant to Missouri Revised Statute Chapter 301 a "Vehicle" is defined as any mechanical device on wheels, designed primarily for use, or used, on highways.
- Other EOC Supplies/Operating Expenses: Includes laser printers, laptops, software maintenance service contracts with other agencies, copiers, plotters, filing cabinets, etc. for the EOC or other expenses required in the operation of the EOC that do not fall within the descriptions above.
- Contractual (services, maintenance, etc.). Contractual services should be for operation of the EOC. Services should not replace personnel duties as outlined by position descriptions and baseline requirements for grant funding.

#### **Essential Emergency Operations Center Equipment**

Missouri EMPG funding is available to support essential emergency operations center (EOC) equipment. Eligible costs are limited to those items with a per unit value less than \$30,000 (inclusive of federal and local match) that directly support the jurisdiction's EOC or EMPG funded positions. The essential emergency operations center equipment category cannot be used to sustain or maintain locations or equipment outside the jurisdiction's EOC. All costs must be itemized and justified in the 2022 EMPG application. Essential emergency operations center equipment is limited to the following Authorized Equipment List (AEL) categories:

- Personal Protective Equipment (Category 1)
- Information Technology (Category 4)
- Cybersecurity Enhancement Equipment (Category 5)
- Interoperable Communications Equipment (Category 6)
- Detection Equipment (Category 7)
- Power Equipment (Category 10)
- Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Reference Materials (Category 11)
- CBRNE Incident Response Vehicles (Category 12)
- Physical Security Enhancement Equipment (Category 14)
- CBRNE Logistical Support Equipment (Category 19)
- Other Authorized Equipment (Category 21)

#### **Essential Emergency Management Travel**

Missouri EMPG funding is available to support essential emergency management travel. Eligible costs are limited to those that directly support EMPG federally funded personnel. Meal and lodging per diem is limited to state maximum rates and is only allowed when individuals are in

twelve (12) hour travel status. Travel must be the most direct, practical route. The amount of mileage claimed cannot exceed \$0.49 per mile (current rate). All costs must be itemized and justified in the 2022 EMPG application. Do not include registration fees in the travel section as there is a line item for registration fees in operating expenses. Examples of essential emergency management travel costs are:

- Fuel
- Lodging
- Mileage
- Per Diem/Meals
- Other (parking, taxi, airfare, etc.)

#### **Unallowable Costs as determined by FEMA**

- Expenditures for weapons systems and ammunition
- Costs to support the hiring of sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities.
- Activities and projects unrelated to the completion and implementation of the EMPG Program
- Response activities

Subrecipients should consult with their grant specialist prior to making any investment that does not clearly meet the allowable criteria established in this Program Manual. In addition, costs charged to this award must be consistent with the Cost Principles for Federal Awards located at 2 C.F.R Part 200, Subpart E.

## **V. Application Review Information and Selection Process**

### **Application Review Information**

Submitted applications will undergo a complete administrative review. SEMA will be responsible for reviewing the 2022 EMPG Statements of Work and Budgets in order to assess their emergency management sustainment and enhancement efforts as well as the linkage to the core capabilities identified in the National Preparedness Goal. Applications will be evaluated for completeness, adherence to programmatic guidelines, and anticipated effectiveness of the proposed Work Plan. There is no guarantee of funding for this grant.

### **Application Selection Process**

All 2022 EMPG Statements of Work and Budgets will require final approval by SEMA senior leadership. Subrecipients will be notified by their EMPG Grants Specialist should any component of the EMPG Program application require additional information. All applicants will have a risk assessment completed to determine financial stability, quality of management systems and ability to meet management standards, history of performance in managing

federal awards, reports and findings from audits, and ability to effectively implement statutory, regulatory, or other requirements.

## VI. Post-Award Guidelines

### Notice of Award

Upon approval of an application, the award will be made in the form of a grant. Notification of award approval is made through the WebGrants system through an automatic e-mail to the recipient point of contact listed in the initial application. Once an award has been approved and recorded in the system, a notice is sent to the authorized grant official with directions for accepting award documents. The authorized grant official should carefully read the award package for instructions on administering the grant and to learn more about the terms and conditions associated with responsibilities under Federal awards.

### Acceptance of Award

Subrecipients must accept their grant awards no later than 45 days from the date of notification of award. All successful applicants for EMPG grants and cooperative agreements are required to comply with the DHS standard Administrative Terms and Conditions. The subrecipient shall notify the awarding agency of its intent to accept and proceed with work under the award, or provide a written notice of intent to decline. Funds will remain on hold until the subrecipient accepts the award through official correspondence, (e.g., signed original award), and all other conditions of award have been satisfied, or the award is otherwise rescinded. **Failure to accept the grant award within the 45 days from the date of notification will result in a loss of funds.**

### Administrative and Federal Financial Requirements

Subrecipients are obligated to submit various financial and programmatic reports as a condition of their award acceptance. Future awards and fund draw-downs may be withheld if these reports are delinquent.

Claims are submitted electronically in WebGrants in the "Claims" component. Claims must be submitted by the following dates:

1<sup>st</sup> Quarter (July 1 through September 30) are due October 15, 2022

2<sup>nd</sup> Quarter (October 1 through December 31) is due by January 15, 2023

3<sup>rd</sup> Quarter (January 1 through March 31, 2022) is due by April 15, 2023

4<sup>th</sup> Quarter (April 1 through June 30, 2022) is due by July 31, 2023

Close-out report due by August 15, 2023

The EMPG grant is a reimbursement grant. Any approved expenditures must be made within the contract period. Subrecipients must incur an allowable expense, make payment, and seek reimbursement within six months of the invoice date. Invoices dates beyond six months will not be reimbursed.

### **Quarterly Status Reports**

EMPG Status Reports must be submitted to the EMPG Grants Specialist on a quarterly basis through the WebGrants system. The Quarterly Status Reports must be based on the approved EMPG Statement of Work and are due no later than October 15, 2021, January 15, 2023, April 15, 2023 and July 31, 2023 in sync with the claims submission.

EMPG subrecipients are required to report quarterly on progress towards completing activities and projects approved in the Statement of Work as well as progress made towards implementing 2022 EMPG Baseline Requirements.

### **Subaward Adjustments**

Subaward adjustments may be submitted from time of anticipated funding to May 1<sup>st</sup>, 2023. No changes to the budget will be accepted after this deadline. In addition, subaward adjustments must be approved before funds are obligated for the requested change. A subaward adjustment cannot go back and pay for items that have already been purchased.

### **Monitoring**

Subrecipients will be monitored on an annual and/or as needed basis by SEMA staff, both programmatically and financially, to ensure that the activities and project goals, objectives, performance requirements, timelines, milestone completion, budgets, and other related program criteria are being met. Monitoring may be accomplished through either a desk-based review or on-site monitoring visits, or both. Monitoring will involve the review and analysis of the financial, programmatic, performance, compliance and administrative processes, policies, activities, and other attributes of each Federal assistance award and will identify areas where technical assistance, corrective actions and other support may be needed. Monitoring is selected through a Risk-Assessment inclusive of past audits, performance, financial and programmatic aspects of subrecipients.

### **Grant Close-Out Process**

Within 45 days after the end of the period of performance, or after an amendment has been issued to close out a grant, whichever comes first, subrecipients must submit a final status report detailing all accomplishments and a qualitative summary of the impact of those accomplishments throughout the period of performance. This report will gauge the effectiveness of the grant funds on each subrecipient in addition to the State as a whole. After these reports have been reviewed and approved by SEMA, a close-out notice will be completed to close out the grant. The notice will indicate the period of performance as closed, list any remaining funds that will be deobligated and address the requirement of maintaining the grant records for five (5) years from the date of the close-out.

## **VII. Contact Information**

SEMA will manage, administer and conduct application budget review, create the award package, approve, amend and close out awards, as well as conduct cash analysis, financial

monitoring, and audit resolution for the EMPG Program. SEMA also provides technical assistance to EMPG Program subrecipients. For more information please contact:

- Amy Lepper, Program Manager: 573-751-0788
- Krystal Barnes, EMPG Grants Specialist: 573-526-9256
- Holly Otto, EMPG Grants Specialist: 573-751-3401

### **WebGrants**

The 2022 EMPG Program will utilize WebGrants for applications, awards, claims, adjustments, reporting and close-out. WebGrants is available at <https://dpsgrants.dps.mo.gov>. For more information contact your grant specialist.

## **VIII. Other Critical Information**

### **National Preparedness**

SEMA coordinates with Local, State, and the Federal government as well as the private and nonprofit sectors to facilitate an all-of-nation/whole community, risk driven and capabilities-based approach to preparedness. This approach is grounded in the identification and assessment of risk through the Threat and Hazard Identification and Risk Assessment (THIRA). Local jurisdictions must participate in the development and update of the State/Regional THIRA and State Preparedness Report (SPR), to ensure that the community's shared understanding of risk evolves to account for changes in the risk landscape, including successful mitigation efforts, emerging threats, hazards, and associated consequences.

### **National Incident Management System (NIMS) Implementation**

Prior to allocation of any Federal preparedness awards in FY 2022, subrecipients must ensure and maintain adoption and implementation of NIMS. Emergency management and incident response activities require carefully managed resources (personnel, teams, facilities, equipment and/or supplies) to meet incident needs. Utilization of the standardized resource management concepts such as typing, inventorying and cataloging promote a strong national mutual aid capability needed to support delivery of core capabilities. Additional information on resource management and national Tier I NIMS Resource Types can be found at <http://www.fema.gov/resource-management>.

### **Environmental Planning and Historic Preservation (EHP) Compliance.**

SEMA is required to consider the effects of its actions on the environment and/or historic properties to ensure that all activities and programs funded by the agency, including grants-funded projects, comply with Federal EHP regulations, laws and Executive Orders as applicable. Subrecipients proposing projects that have the potential to impact the environment, including but not limited to construction of communication towers, modification or renovation of existing buildings, structures and facilities or new construction including replacement of facilities, must participate in the FEMA EHP review process. The EHP review process involves the submission of a detailed project description that explains the goals and objectives of the proposed project along with supporting documentation so that FEMA may determine whether the proposed

project has the potential to impact environmental resources and/or historic properties. In some cases, FEMA is also required to consult with other regulatory agencies and the public in order to complete the review process. This process can take 30 to 45 business days to be approved by FEMA for minor projects, and longer for more extensive projects. The EHP review process must be completed before funds are released to carry out the proposed project.

#### **SAFECOM Guidance for Emergency Communications Grant Compliance**

Subrecipients that are using EMPG Program funds to support emergency communications activities should comply with the *FY 2022 SAFECOM Guidance for Emergency Communications Grants*. SAFECOM Guidance is available at <http://www.safecomprogram.gov/grant/Default.aspx>.

#### **Emergency Operation Plan (EOP)**

Subrecipients must update their EOP at least once every 2 years. An evaluation matrix to describe and calculate the percentage towards compliance with CPG 101 v.2 is available at <http://www.fema.gov/national-preparedness/plan>.

#### **Procurement**

Per 2 CFR 200.318 through 200.326, subrecipients are required to adhere to certain procurement standards for entering into contracts for personnel or services. This includes full and open competition, methods of procurement to follow, federal or pass-through entity review, and including federal provisions into contracts. To see full regulations regarding procurement you can visit [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

## **IX. How to Apply**

#### **Application Instructions**

Applications for EMPG funding must be submitted online via the Missouri Department of Public Safety WebGrants system at <https://dpsgrants.dps.mo.gov>. This system will be used from the application phase through the administration and closeout phase for all projects funded through the EMPG Program.

#### **Unique Entity Identifier (UEI)**

The applicant must provide a UEI with their application. This number is a required field within <http://dpsgrants.dps.mo.gov>. Organizations should verify that they have a UEI, or take the steps necessary to obtain one, as soon as possible. If your entity is registered in SAM.gov, your UEI has already been assigned and is viewable in SAM.gov. Beginning April 4, 2022, the DUNS number is no longer accepted.

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

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June Session of the April Adjourned

Term 20

County of Boone

In the County Commission of said county, on the

14th

day of June

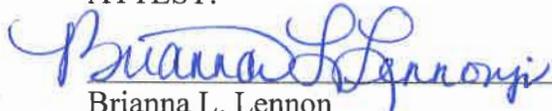
20 22

the following, among other proceedings, were had, viz:

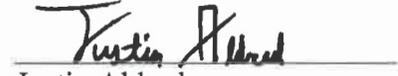
Now on this day, the County Commission of the County of Boone does hereby approve the applications for the State Homeland Security Program grants.

Done this 14<sup>th</sup> day of June 2022.

ATTEST:

  
Brianna L. Lennon  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner

  
Justin Aldred  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner



**BOONE COUNTY**  
**Office of Emergency Management**

2145 County Drive  
Columbia, MO 65202  
573-554-7908

**Chris Kelley**

**Deputy Director**

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**DATE:** June 10, 2022

**TO:** Dan Atwill, Presiding Commissioner  
Justin Aldred, District I Commissioner  
Janet Thompson, District II Commissioner

**FROM:** Chris Kelley, Emergency Management Deputy Director

**SUBJECT:** Applications for State Homeland Security Program Grant

Boone County Emergency Management intends to submit three applications for the fiscal year 2022 funding through the Regional Homeland Security Grant Program. Each application is for specific purposes that allow for regionally deployable assets to be held by local administrative authorities. These applications reflect 100 percent of cost being requested and have no matching components.



Application

139973 - FY 2022 State Homeland Security Program (SHSP) Region F - Final Application

141031 - 25' Telescoping Mobile Security Tower  
State Homeland Security Program (SHSP)

Status: Editing Submitted Date: Submitted By:

Applicant Information

Primary Contact:

Name: Ms. Della Luster  
Title First Name Last Name  
Job Title: Administrative Coordinator  
Email: dluster@boonecountymo.org  
Mailing Address: 2145 County Drive  
Street Address 1:  
Street Address 2:  
\* Columbia Missouri 65202  
City State/Province Postal Code/Zip  
Phone: 573-554-7907 Ext.  
Fax: 573-442-3828

Organization Information

Applicant Agency: Boone County, Emergency Management Agency  
Organization Type: Government  
Federal Tax ID#: 436000349  
DUNS #: 073755977  
Unique Entity ID: GKUHNLX9MJJ3  
SAM/CCR CAGE Code: Valid Until Date  
Organization Website: www.showmeboone.com/OEM  
Mailing Address: 2145 County Drive  
Street Address 1:

**Street Address 2:**

<b>City*</b>	Columbia City	Missouri State/Province	65202 Postal Code/Zip	0000 + 4
<b>County:*</b>	Boone			
<b>Congressional District:*</b>	04			
<b>Phone:*</b>	573-554-7900			Ext.
<b>Fax:</b>	573-442-3828			

**Contact Information****Authorized Official**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
- If the applicant agency is an Regional Planning Commission or Council of Government, the Executive Director shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

**\*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\***

<b>Authorized Official:*</b>	Mr	Daniel	Atwill
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Presiding Commissioner  
**Agency:\*** Boone County Commissioner

**Mailing Address:\*** 801 E. Walnut, Suite 333

**Street Address 1:** 801 E. Walnut

**Street Address 2:**

*	Columbia	Missouri	65201
	City	State	Zip Code

**Email:\*** datwill@boonecountymmo.org

<b>Phone:*</b>	573-886-4306		
	Office	Ext.	Cell

**Fax:** 573-886-4311

**Applicant Project Director**

<b>Applicant Project Director:*</b>	Mr	Chris	Kelley
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Deputy Director

**Agency:\*** Boone County Office of Emergency Management

**Mailing Address:\*** 2145 E. County Dr

**Street Address 1:**

**Street Address 2:**

*	Columbia	Missouri	65202
	City	State	Zip Code

**Email:\*** em@boonecountymo.org

<b>Phone:*</b>	573-554-7908	573-268-6707
	Office	Ext. Cell

**Fax** 573-442-3828

**Fiscal Officer**

<b>Fiscal Officer:*</b>	Mr	Dustin	Stanton
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Treasurer

**Agency:\*** County of Boone

**Mailing Address:\*** 801 E. Walnut Room 304

**Street Address 1:** 801 E. Walnut

**Street Address 2:**

*	Columbia	Missouri	65201
	City	State	Zip Code

**Email:\*** dstanton@boonecountymo.org

<b>Phone:*</b>	573-886-4367		
	Office	Ext.	Cell

**Fax**

**Project Contact Person**

<b>Project Contact Person:</b>	Ms	Della	Luster
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:** Administrative Coordinator

**Agency:** Boone County Office of Emergency Management

**Mailing Address:** 2145 County Drive

**Street Address 1:** 2145 County Drive

**Street Address 2:**

	Columbia	Missouri	65202
	City	State	Zip Code

**Email:** dluster@boonecountymo.org

<b>Phone:</b>	573-554-7907		
	Office	Ext.	Cell

**Fax:** 573-442-3828

## Section A.1 through B.4

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### A. Project Worksheet

**A.1 Project Title:\*** Mobile Security Tower

**A.2 Agency Name:\*** Boone County Office of Emergency Management

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

**A.6 Project Activity Type:\*** Manage, update and/or implement the State Homeland Security Strategy

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** No

**A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Build/Enhance

**A.8.a If you answered Build/Enhance to question A.8 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?** Yes  
 Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.

**A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.** Was not able to locate within the region.

**A.9 Project Description\*** A telescoping trailer mounted security tower to ensure redundancy for enhanced public safety by providing operational coordination, intelligence, information sharing, and risk management for any incident or planned event.

**A.10 Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Purchase of a 30' Mobile Security Tower with cameras, recorder, and router.

**A.11 Are you applying for interoperable communications equipment?** No

**A.12 Provide estimated duration of the project** 09/01/22-09/31/24

(how long will it take to complete this project):\*

A.13 What are the objectives this project is designed to accomplish? (the purpose of the project)\*

To enhance the protection of soft targets, crowded places, enhancing information and intelligence sharing and analysis. This is a self contained unit and allows for wireless transmission of data back to the EOC or local/remote base.

A.14 How does this project align with/increase terrorism preparedness for the state?\*

This aligns with the THIRA in terms of communications and interoperability across functional response and recovery areas that are necessary during an act of terrorism.

A.15 How does this project allgn with/increase terrorism preparedness for your region?\*

Can be deployed where reliable information has been received about a protest involving violent extremists near critical infrastructure locations. This tower can feed live video footage (for situational awareness) back to our secure EOC where our Law Enforcement Command (trained in civil unrest) can monitor and ensure the safety and protection of our citizens and their right to assemble peacefully.

A.16 Why is this project necessary for the state? \*

To enhance SHSP/National priority areas.

A.17 Why is this project necessary for the region?\*

To provide the ability to coordinate regardless of severity of act of terrorism/disaster and share information to enhance prevention, protection, mitigation, response, and recovery.

A.18 How does your agency plan to financially sustain the requested items in the future without grant funding?\*

Will need consistent WiFi service and up to date equipment to have the ability to coordinate regardless of severity of act of terrorism/disaster and share information to enhance prevention, protection, mitigation, response, and recovery.

**B. Project Capability, THIRA and Dual Use**

B.1 Did your agency participate in the development of your respective region's Threat and Hazard Identification and Risk Assessment (THIRA)?\*

Yes

B.1.a If you answered yes to Question B.1, please explain your agency's participation in the development of the THIRA.

Attended all meetings for THIRA development with Region F SEMA.

*Please review the State FY 2019 MO THIRA and FY 2021 MO SPR to determine the following:*

B.2 Which Primary Core Capability best aligns to this project?\*

Operational Coordination

B.3 Which POETE (Planning, Organization, Equipment, Training, and Exercise) category(s) does your project address? \*

Planning, Organization, Equipment, Training, and Exercise.

1000 Character Limit

B.4 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.2 and the

Enhance the ability to relay real time situational awareness at an incident/event site to enhance the ability to establish and maintain a unified and coordinated operational structure and process across 28 jurisdictions affected within 8 hours.

1000 Character Limit

**POETE category(s)  
listed in B.3?\***

**B.5 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?**

In addition to BCOEM use, it provides a service in the region and state to maintain a unified and coordinated structure that can support a response to all hazards including acts of terrorism. This allows for information sharing by data transmission or live stream and risk management during any incident or event.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use. 1000 Character Limit

**B.6 Please review the National Priorities in the FY 2022 SHSP Notice of Funding Opportunity.**

1. **Enhancing the protection of soft targets/crowded places**
2. **Enhancing information and intelligence sharing and analysis**
3. **Combating domestic violent extremism**
4. **Enhancing cybersecurity**
5. **Enhancing community preparedness and resilience**
6. **Enhancing election security**

**If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)**

**National Priority:\*** Enhancing the protection of soft targets/crowded places

**Core Capability:\*** Operational coordination

**B.6.a If your project fulfills a National Priority, please describe how this project aligns with the National Priority selected in question B.5.**

This equipment aligns with the National Priority by enhancing the ability to relay real time situational awareness to enhance the protection of large incidents and/or events.

## **C. Project Background**

**Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.**

**C.1 Was any portion of the proposed project funded with FY 2021 SHSP funds?:\*** No

**C.4 Was any portion of the proposed project funded with FY 2020 SHSP funds?:\*** No

**C.7 Was any portion of the proposed project funded with FY 2019 SHSP funds?:\*** No

## **D. Deployable/Sharable Resources**

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and*

sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).

**D.1 Does this project fund resources that are:\*** Deployable Resource

*If answered Deployable in question D.1 complete questions D.2-D.8.  
If answered Shareable in question D.1 complete questions D.2-D.4.  
If answered NA in question D.1 skip to Section E.*

**D.2 Item Name:** Mobile Security Tower

**D.3 If this is a sustainment project, describe how the project sustains the deployable/shareable resource?:** n/a  
250 Character Limit

**D.4 Are there any special conditions/requirements on sharing the deployable/shareable resources(s)?** Yes  
Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

**D.4.a Please explain the special conditions/requirements on sharing the deployable/shareable resource.** We have mutual aid agreements and/or MOU's in place. Agency will be responsible for their own record retention requirements set by State law and local retention policies. Will need to return in same condition as deployment.

*FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.*

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**D.6 Deployable Resources Kind & Type Name(s):** Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable Resources Kind & Type ID(s): (ID x-xxx-xxxx)** Example: ID 3-508-1032 Vehicle  
250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:** 250 Character Limit

## E. Audit Details

**E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:\*** Yes  
If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed: MM/DD/YYYY\*** 06/30/2021  
If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to** Yes

upload a copy of the agency's most recent completed audit (or annual financial statement) in the Named Attachments section of this application:\*

## F. Risk Assessment

**F.1 Does the applicant agency have new personnel that will be working on this award?:\***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?:\***

Yes

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.3.a If you answered yes to Question F.3, please list the direct Federal awards the agency receives.**

Included in Single Audit attached.

**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:\***

No

## G. National Incident Management System (NIMS)

**G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?:\***

Yes

**G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?:\***

Yes

**G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector**

Yes

and nongovernmental organizations)?\*

**G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?\***

Yes

**G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?\***

Yes

**G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?\***

Yes

**G.7 Has your agency designated a point of contact to serve as the principal coordinator for the implementation of NIMS?\***

Yes

**G.8 Has your agency adopted NIMS terminology for the qualification, certification, and credentialing of incident personnel?\***

Yes

**G.9 Does your agency use the NIMS Resource Management Process during incidents? (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock)\***

Yes

**G.10 Does your agency implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders?\***

Yes

**G.11 Does your agency use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource**

Yes

**prioritization and allocation?\***

**G.12 Does your agency organize and manage EOC's and EOC teams consistent with pertinent NIMS guidance?\*** Yes

**G.13 Does your agency apply plain language and clear text communications standards?\*** Yes

**G.14 Does your agency develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness?\*** Yes

If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.

**G.15 Planned Activities:****H. Certified Assurances**

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

**SHSP Certified Assurances**

**H.1 By checking this box, I have read and agree to the terms and conditions of this grant:\*** Yes

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. **If the incorrect Authorized Official is listed in H.2 of the application, the application will be deemed ineligible for funding.**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts.
- If the applicant agency is an Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125.\*\*

**H.2 Authorized Official Name and Title:\*** Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\*** Della Luster, Administrative Coordinator

**H.4 Date:\*** 06/10/2022

**Personnel**

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

**Narrative Justification - Personnel**

5000 Character Limit

**Personnel Benefits**

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

**Narrative Justification - Benefits**

5000 Character Limit

**Travel**

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

**Narrative Justification - Travel**

**Travel Justification**

5000 Character Limit

### Equipment

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
Mobile Self contained CCTV Trailer	14SW-01-VIDA	1.0	\$106,950.00	\$106,950.00	Yes	Emergency Management	Equipment	Information Technology
				<b>\$106,950.00</b>				

### Narrative Justification - Equipment

This is a telescoping self contained mobile security tower to ensure redundancy for enhanced public safety by providing operational coordination, intelligence, information sharing, and risk management for any incident or planned event.

5000 Character Limit

### Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	First Net WiFi Service	12.0	\$45.00	\$540.00	Emergency Management	Organization	Operational support
				<b>\$540.00</b>			

### Narrative Justification - Supplies/Operations

Annual WiFi service to allow local or remote access to operate the CCTV and to allow wireless transmission of data.

5000 Character Limit

### Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
		<b>\$0.00</b>			

## Narrative Justification - Contractual

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5000 Character Limit

### Total Budget

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<b>Total Personnel:</b>	\$0.00
<b>Total Benefits:</b>	\$0.00
<b>Total Travel:</b>	\$0.00
<b>Total Equipment:</b>	\$106,950.00
<b>Total Supplies/Operation:</b>	\$540.00
<b>Total Contractual:</b>	\$0.00
<b>Total Project Cost:</b>	\$107,490.00

### Named Attachments 2022

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Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)*	Single Audit	2020_OMB_Circular_A-133.pdf	pdf	224 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis	CCTV Trailer Quote	CCTV Trailer - Boone County 06-10-22.pdf	pdf	622 KB
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				

PASS Security  
15 Executive Drive, Suite 6  
Fairview Heights, IL 62208  
618.398.1144



Brad Pickett  
Strategic Account Manager  
Mobile 618-670-3053  
Office 618-394-1144

Quote # BCWT2022

June 10, 2022

Chris Kelly

Re: Mobile CCTV Trailer

### Scope of Work

This proposal is built off the WANCO Diesel PVS Self-contained CCTV Trailer

Please verify all listed options this Trailer has included meet your requirements.

#### **WANCO TRAILER BUILD SHEET;**

INCLUDES: COMPACT BODY TRAILER, DUAL ELECTRIC WINCH DELUXE 30 FT TOWER, EQUIPMENT BOX, SWITCH PANEL WITH LVD AND FAN CONTROLLER, 2- SEALED AGM BATTERIES & 45A CHARGER, AUTO START INDUSTRIAL GRADE DIESEL ENGINE W/30 GAL TANK, START BAT & 15A CHARGER, 600W AC INVERTOR, AXLE LOCK BAR, COMBO 2- 1/2" PINTLE & 2" BALL HITCH.

Includes the Following Options:

- NVR – 2TB with Local Controller
- Cellular Modem, Sierra Wireless MP70 w/ Wi-Fi
- 4 Each, Axis Q6075-E (40x Optical Zoom, 1080p)
- 2 x Dual Set Hybrid White/IR Illuminator
- 58 dB Siren
- Spare Tire
- Flashing Red Beacon
- Please note Build time is 10-14 Weeks from receiving PO!

### Pricing

Total purchase price, on equipment outlined above and on the attached Exceptions & Qualifications, and the Standard Terms & Conditions of Quotation & Sale: **\$106,950.00 for (1) Unit.**

Thank you for the opportunity to work with you on this project.

Sincerely,

Brad Pickett  
Strategic Account Manager  
[bpickett@PASSsecurity.com](mailto:bpickett@PASSsecurity.com)  
618-670-3053

**Customer Acceptance:**

Accepted By \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
Title

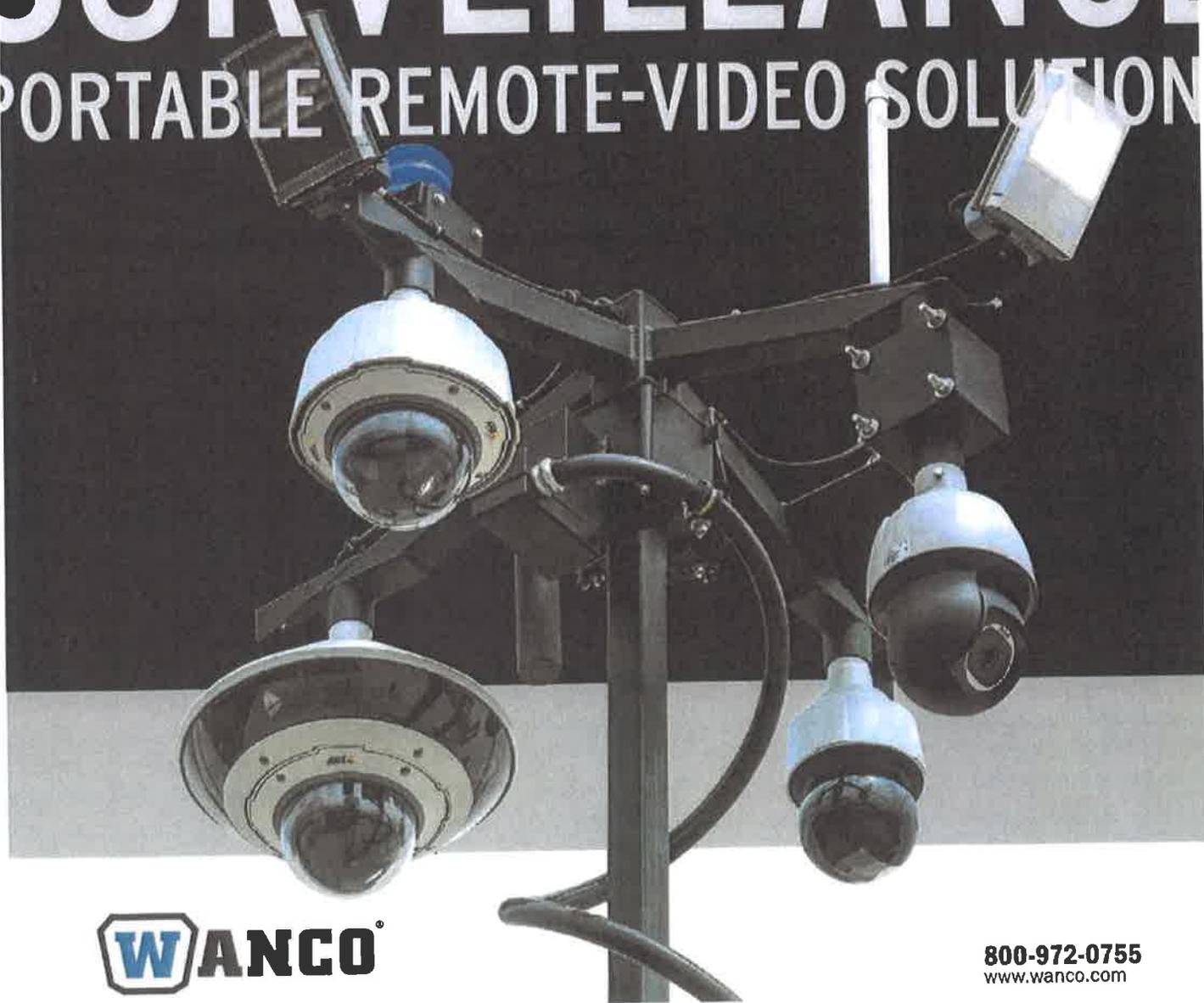
## Exceptions & Qualifications

A	All pricing on this proposal has been quoted without sales tax, unless otherwise noted. Appropriate sales tax will be added to the invoice. All tax-exempt facilities must provide proof of their tax-exempt status in writing.
B	For outright purchases, we ask for a 30% down payment with the signed proposal. An additional 30% will be billed upon receipt of the equipment. The project will be final billed upon completion per the attached terms and conditions.
C	All material and labor included in this proposal are covered for a period of one year, unless otherwise noted. This excludes (but not limited to) any damage as the result of miss-use, neglect, vandalism, Acts of God and electronic surges. Repairs will be made in a timely fashion during PASS Systems Group's standard business hours. Repairs requested outside of standard business hours are subject to additional charges.
D	All work under this proposal will be performed during PASS Systems Group's standard business hours of 7:00 AM and 5:00 PM. Any acceleration of the project or the disruption of PASS Systems Group's ability to work, caused by others, is subject to additional charges.
E	This proposal includes non-union labor provided by PASS Systems Group personnel. In the event that project conditions require union labor, PASS Systems Group will subcontract this work to an appropriate union contractor, or allow the owner to provide union labor as required. In the event that PASS Systems Group provides union labor, additional charges may apply. Any such scope of work change will only be performed after the proper authorization to proceed. Delays caused by union labor relations shall not be considered the fault of PASS Systems Group.
F	Unless otherwise noted, this quotation is valid for 90 days.

# WANCO

## SURVEILLANCE

PORTABLE REMOTE-VIDEO SOLUTION



**WANCO**<sup>®</sup>

800-972-0755  
[www.wanco.com](http://www.wanco.com)

# Diesel PVS System

**Industry leading tamper-resistance**

**Designed for use in unprotected areas**

**Ultra-quiet, auto-start diesel power**

**Local and remote control**

**Provides unmanned 24/7 presence**

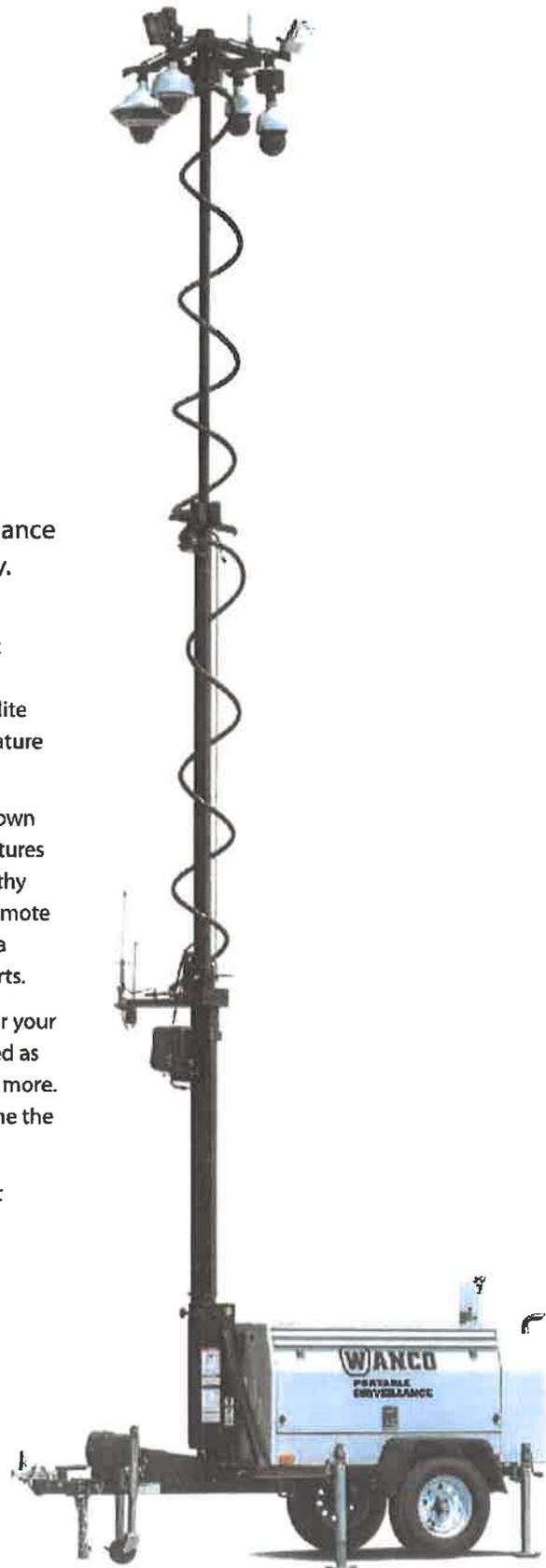
Wanco's Diesel PVS System is the original mobile surveillance solution, designed for durability, longevity and reliability.

Our top-of-the-line Portable Video Surveillance (PVS) System is fully engineered to provide superior performance, with components that work together as a fully integrated system. The Wanco PVS System uses only industrial- and military-grade components, designed by elite manufacturers specifically to withstand the rigors of travel, temperature extremes and harsh environments.

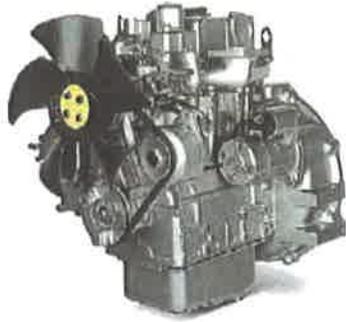
The Wanco Diesel PVS System is completely self-contained with its own power, recording and communications systems. Tamper-resistant features and wireless remote control support autonomous operation for lengthy deployments. The digital video recording system allows local and remote viewing and recording, and the advanced-analytics package offers a wider range of functionality, including violated-area alarms and alerts.

The system is also modular, which lets us customize it specifically for your application. Additional and alternative sensing devices can be added as needed, including motion detectors, thermal imaging cameras and more. We take your specifications, analyze your requirements, and combine the components best suited for the job into a complete system.

Wanco PVS deploys quickly and easily, and almost anyone can use it without extensive training.



WCT-PX



You can rely on the robust, industrial-grade Perkins® power plant. Its top-flight engineering ensures dependable, optimized performance. The ultra-quiet, low-speed diesel engine charges the batteries that provide system power, and an auto-start controller conserves fuel by running the engine only when needed for keeping the batteries fully charged. The system can typically run 30 days or more on a single tank of fuel.



16-camera view

Single camera view



Intelligent video solutions

Take full control of your video surveillance from anywhere, quickly and easily with Arteco NEXT. This advanced technology design makes it easy to retrieve video, directly manage alarms, perform video analytics and access control events. Arteco stands out as a leader in intelligent video solutions with real-time event notifications, advanced analytics, Interactive mapping and much more. Arteco NEXT integrates with leading monitoring control center software.

## Features

- Multiple outdoor IP-network cameras
- Cameras are day/night PTZ dome style with 360° rotation
- Axis, Vicon, WCCTV and other cameras available
- Thermal cameras, radar units, motion sensors and IR illumination are optional
- All devices operate independently or simultaneously
- Industrial- and military-grade equipment
- Onboard digital recording to solid-state NVR
- Secondary secure control cabinet houses 12-inch color monitor, keyboard and mouse
- High-speed 4G LTE cellular modem\* with built-in GPS and optional Wi-Fi
- Wi-Fi and many radio options to choose from
- Multiple antenna types for the signal power and distance you need
- 30-foot telescoping pivoting tower with Nycoil cable protection
- No wires or cables accessible from ground level
- Electronics and power system housed in best-in-class steel enclosure with 16 individual locking points
- Maintenance-free sealed AGM batteries housed in tamper-resistant enclosure

\*Requires cellular plan



Travel position, options include flashing beacon and spare tire

## AXIS Q6075-E PTZ Network Camera

Outdoor-ready PTZ with HDTV 1080p and 40x optical zoom

AXIS Q6075-E PTZ Network Camera offers HDTV 1080p and 40x optical zoom for great overviews and excellent details. This high-performance outdoor PTZ camera comes with autotracking 2 with click and track functionality, as well as an orientation aid for active object tracking and quick orientation. With Axis Lightfinder 2.0 the camera delivers low-light images with more saturated colors and sharper images of moving objects. Plus, enhanced security features such as signed firmware and secure boot ensures the integrity and authenticity of the firmware. Furthermore, Axis Zipstream with H.264/ H.265 significantly lowers bandwidth and storage requirements.

- > [HDTV 1080p with 40x optical zoom](#)
- > [Axis Lightfinder 2.0](#)
- > [Autotracking 2 and orientation aid](#)
- > [Built-in analytics](#)
- > [TPM, FIPS 140-2 level 2 certified](#)



# AXIS Q6075-E PTZ Network Camera

<b>Models</b>	AXIS Q6075-E 50 Hz AXIS Q6075-E 60 Hz	File upload via FTP, SFTP, HTTP, HTTPS network share and email Notification via email, HTTP, HTTPS and TCP
<b>Camera</b>		<b>Data streaming</b> Event data
<b>Image sensor</b>	1/2.8" progressive scan CMOS	<b>Built-in installation aids</b> Pixel counter, leveling guide
<b>Lens</b>	4.25-170 mm, F1.6-4.95 Horizontal field of view: 65.1°-2.00° (1080p) Vertical field of view: 39.1°-1.18° (1080p) Autofocus, auto-iris	<b>Analytics</b>
<b>Day and night</b>	Automatically removable infrared-cut filter	<b>Compute capabilities</b> Machine learning processing unit (MLPU)
<b>Minimum illumination</b>	Color: 0.1 lux at 30 IRE, F1.6 B/W: 0.002 lux at 30 IRE, F1.6 Color: 0.15 lux at 50 IRE, F1.6 B/W: 0.003 lux at 50 IRE, F1.6	<b>AXIS Object Analytics</b> Object classes: humans, vehicles Trigger conditions: line crossing, object in area Up to 10 scenarios Metadata visualized with color-coded bounding boxes Polygon include/exclude areas Perspective configuration ONVIF Motion Alarm event
<b>Shutter speed</b>	1/11000 s to 1/3 s with 50 Hz 1/11000 s to 1/3 s with 60 Hz	<b>Applications</b> Included AXIS Object Analytics AXIS Motion Guard, AXIS Fence Guard, AXIS Loitering Guard AXIS Video Motion Detection, autotracking 2, active gatekeeper Basic analytics (not to be compared with third-party analytics): object removed, enter/exit detector, object counter Support for AXIS Camera Application Platform enabling installation of third-party applications, see <a href="http://axis.com/facap">axis.com/facap</a>
<b>Pan/Tilt/Zoom</b>	Pan: 360° endless, 0.05°-450°/s Tilt: 220°, 0.05°-450°/s Zoom: 40x optical, 12x digital, total 480x zoom E-flip, 256 preset positions, tour recording (max 10, max duration 16 minutes each), guard tour (max 100), control queue, on-screen directional indicator, orientation aid PTZ, set new pan 0°, adjustable zoom speed, focus recall	<b>General</b>
<b>Video</b>		<b>Casing</b> IP66-, IP67-, NEMA 4X- and IK10-rated Metal casing (aluminum), polycarbonate (PC) clear dome, sunshield (ASA)
<b>Video compression</b>	H.264 (MPEG-4 Part 10/AVC) Baseline, Main and High Profiles H.265 (MPEG-H Part 2/HEVC) Main Profile Motion JPEG	<b>Sustainability</b> PVC free
<b>Resolution</b>	HDTV 1080p 1920x1080 to 320x180	<b>Memory</b> 1024 MB RAM, 512 MB Flash
<b>Frame rate</b>	Up to 50/60 fps (50/60 Hz) in HDTV 1080p	<b>Power</b> Axis High PoE 60 W SFP midspan: 100-240 V AC, max 66.1 W Camera consumption: typical 14 W, max 51 W
<b>Video streaming</b>	Multiple, individually configurable streams in H.264, H.265 and Motion JPEG Axis Zipstream technology in H.264 and H.265 Controllable frame rate and bandwidth VBR/ABR/MBR H.264/H.265	<b>Connectors</b> RJ45 10BASE-T/100BASE-TX PoE, RJ45 Push-pull Connector (IP66/IP67) included
<b>Image settings</b>	Manual shutter time, compression, color, brightness, sharpness, white balance, exposure control, exposure zones, fine tuning of behavior at low light, rotation: 0°, 180°, text and image overlay, polygon privacy masks, electronic image stabilization (EIS), freeze on PTZ, automatic defog, backlight compensation, scene profiles Wide Dynamic Range (WDR): Up to 120 dB depending on scene, highlight compensation	<b>Storage</b> Support for SD/SDHC/SDXC card Support for SD card encryption (AES-XTS-Plain64 256bit) Support for recording to network-attached storage (NAS) For SD card and NAS recommendations see <a href="http://axis.com">axis.com</a>
<b>Network</b>		<b>Operating conditions</b> With 30 W: -20 °C to 50 °C (-4 °F to 122 °F) With 60 W: -50 °C to 50 °C (-58 °F to 122 °F) Maximum temperature according to NEMA TS 2 (2.2.7): 74 °C (165 °F) Arctic Temperature Control: Start-up as low as -40 °C (-40 °F) Humidity 10-100% RH (condensing)
<b>Security</b>	Password protection, IP address filtering, HTTPS <sup>a</sup> encryption, IEEE 802.1x (EAP-TLS) <sup>a</sup> network access control, digest authentication, user access log, centralized certificate management, brute force delay protection, signed firmware, secure boot, protection of cryptographic keys with FIPS 140-2 certified TPM 2.0 module	<b>Storage conditions</b> -40 °C to 65 °C (-40 °F to 149 °F)
<b>Supported protocols</b>	IPv4, IPv6 USGv6, HTTP, HTTP/2, HTTPS <sup>a</sup> , SSL/TLS <sup>a</sup> , QoS Layer 3 DiffServ, FTP, SFTP, CIFS/SMB, SMTP, Bonjour, UPnP <sup>b</sup> , SNMP v1/v2c/v3 (MIB-II), DNS, DynDNS, NTP, RTSP, RTP, SRTP, TCP, UDP, IGMPv1/v2/v3, RTCP, ICMP, DHCPv4/v6, ARP, SOCKS, SSH, NTP, LDP, MQTT v3.1.1, Syslog	<b>Approvals</b> EMC EN 55032 Class A, EN 55035, EN 61000-3-2, EN 61000-3-3, EN 61000-6-1, EN 61000-6-2, EN 55024, FCC Part 15 Subpart B Class A, ICES-003 Class A, VCCI Class A, RCM AS/NZS CISPR 32 Class A, KCC KN32 Class A, KN35 EN 50121-4, IEC 62236-4 Safety IEC/EN/UL 60950-1, IS 13252 IEC/EN/UL 60950-22, IEC/EN/UL 62368-1 Environment IEC/EN 60529 IP66/IP67, NEMA TS 2 (2.2.7-2.2.9), IEC 62262 IK10, ISO 4892-2, EN 50121-4, IEC 62236-4, IEC 60068-2-1, IEC 60068-2-2, IEC 60068-2-6, IEC 60068-2-14, IEC 60068-2-27, IEC 60068-2-60, IEC 60068-2-78, NEMA 250 Type 4X Network NIST SP500-267 Midspan: EN 60950-1, GS, UL, cUL, CE, FCC, VCCI, CB, KCC, UL-AR
<b>System integration</b>		<b>Weight</b> 3.75 kg (8.3 lb)
<b>Application Programming Interface</b>	Open API for software integration, including VAPIX <sup>®</sup> and AXIS Camera Application Platform; specifications at <a href="http://axis.com">axis.com</a> One-click cloud connection ONVIF <sup>®</sup> Profile G, ONVIF <sup>®</sup> Profile S and ONVIF <sup>®</sup> Profile T, specification at <a href="http://onvif.org">onvif.org</a>	<b>Dimensions</b> Ø232 x 269 mm (Ø9 1/8 x 10.6 in)
<b>Event conditions</b>	Device status: above operating temperature, above or below operating temperature, below operating temperature, fan failure, IP address removed, network lost, new IP address, shock detected, storage failure, system ready, within operating temperature Edge storage: recording ongoing, storage disruption I/O: manual trigger, virtual input PTZ: PTZ malfunctioning, PTZ movement, PTZ preset position reached, PTZ ready Scheduled and recurring: scheduled event Video: live stream open	<b>Included accessories</b> Axis High PoE 60 W SFP midspan 1-port, RJ45 Push-pull Connector (IP66), Sunshield Installation Guide, Windows decoder 1-user license
<b>Event actions</b>	Day/night mode, overlay text, video recording to edge storage, pre- and post-alarm video buffering, send SNMP trap PTZ: PTZ preset, start/stop guard tour	

<b>Optional accessories</b>	Smoked dome cover AXIS T91 Mounting Accessories, AXIS T8415 Wireless Installation Tool, AXIS T90 Illuminators, AXIS T8310 Video Surveillance Control Board, multi-user decoder license pack
<b>Video management software</b>	AXIS Companion, AXIS Camera Station, Video management software from Axis' Application Development Partners available on <a href="http://www.axis.com/vms">www.axis.com/vms</a>
<b>Languages</b>	English, German, French, Spanish, Italian, Russian, Simplified Chinese, Japanese, Korean, Portuguese, Traditional Chinese
<b>Warranty</b>	5-year warranty, see <a href="http://axis.com/warranty">axis.com/warranty</a>

a. *This product includes software developed by the OpenSSL Project for use in the OpenSSL Toolkit. (openssl.org), and cryptographic software written by Eric Young (eoy@cryptsoft.com).*

Environmental responsibility:  
[axis.com/environmental-responsibility](http://axis.com/environmental-responsibility)



## AirLink® MP70

Multi-Port LTE-A Pro Rugged Vehicle Router for Public Safety Fleets and Industrial IoT



### Benefits

- **Proven solution: More than half of the Top 100 police departments rely on Sierra Wireless routers in cruisers and incident response vehicles**
- **Delivers reliable results in your real-world conditions**
- **Video, voice and data applications all work together - when and how you need them**
- **Work further and faster from the vehicle than ever before**

### MP70 Product Description

The AirLink® MP70 with a single LTE radio and dual-band Gigabit Wi-Fi, enables live video streaming and secure access to remote databases, and delivers connectivity for laptops, tablets, DVRs, and vehicle telemetry.

#### MP70 LTE-A PRO

Rugged Cat 12 LTE router capable of 600 Mbps downlink and 150 Mbps uplink speeds. FirstNet Ready. Wi-Fi optional.

#### MP70 LTE-A

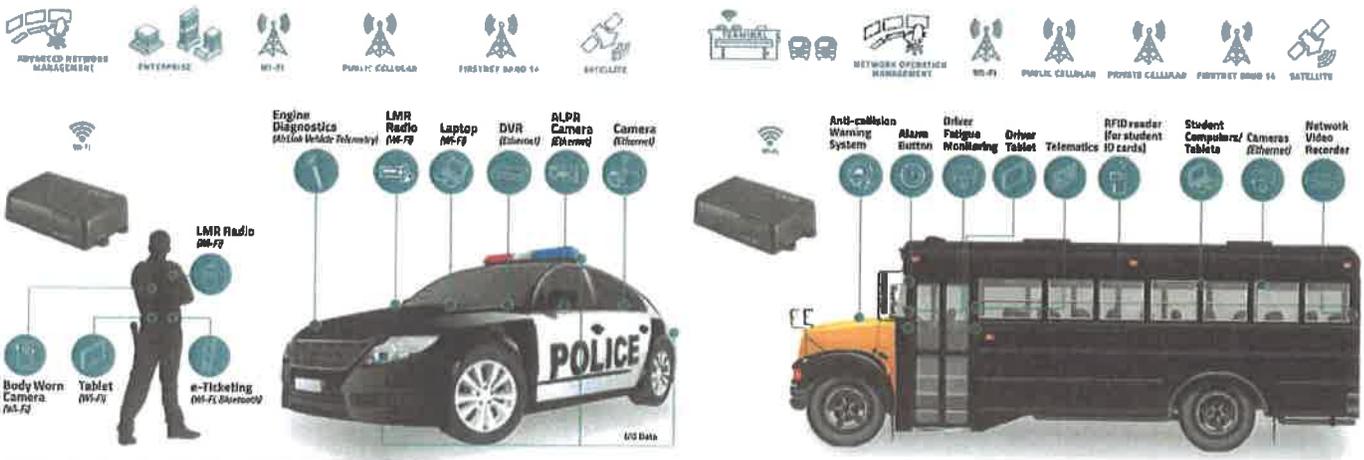
Rugged Cat 6 LTE router capable of 300 Mbps downlink and 50 Mbps uplink speeds. Wi-Fi optional.

### Ideal Applications

Mobile mission critical applications in public safety and field services. Enables robust and secure Vehicle Area Networks (VANS) for:

- Police
- Fire
- Utility Vehicles
- Multi-ethernet industrial and IoT applications

### MP70 APPLICATION EXAMPLES



POLICE

SCHOOL BUS



## AIRLINK MP70 – PERFORMANCE SERIES ROUTER

Top Features	Device Variant	Specifications
<b>LTE Supported</b>	MP70 LTE-A Pro	Cat 12 LTE-A Pro (600/150 Mbps), FirstNet
	MP70 LTE-A	Cat 6 LTE (300/50 Mbps)
<b>Navigation</b>	All	GNSS with inertial dead reckoning and Integrated vehicle telemetry.
<b>Wi-Fi</b>	All - Option	High-power, dual Band 2.4/5GHz 802.11ac Gigabit Wi-Fi (3 x 3 MIMO), 1.3 Gbps, up to 128 clients multiple SSIDs.
<b>Interfaces</b>	All	Gigabit Ethernet ports (4), RS-232, USB 2.0, Configurable I/O and analog inputs.
<b>Security</b>	All	All Sierra Wireless security features including secure boot and secure firmware update. IPsec, GRE, and OpenVPN client with up to 5 concurrent tunnels.
<b>Construction</b>	All	Aluminum die cast housing rated to IP-64 and Mil-STD 810G.
<b>Industry Certifications</b>	All	FirstNet Ready™ Safety: IECCE Certification and SAE J1455 (Shock & Vibration) Vehicle Usage: E-Mark and SAE J1455 (Shock & Vibration) Rail Usage: EN50155 (Rolling Stock) Class1 Div 2 for hazardous use
<b>Dimensions</b>	All	190mm x 105mm x 45mm 7.5in x 4.1 in x 1.75 in

### MP70 Services and Support

**AirLink Complete:** AirLink Complete is a subscription service that combines best-in-class device management software through AirLink Management Service (ALMS), industry-leading technical support and an extended warranty option. It delivers a cost-effective way to ensure your mission-critical infrastructure operates at peak efficiency. AirLink Complete is included free for 1 year with the purchase of a new MP70.

**Device Management:** AirLink Management Service (ALMS) is a secure cloud-based device management solution that supports over-the-air registration, configuration and software updates. ALMS Advanced Reporting and Analytics (ALMS ARA) adds advanced historical reporting and deeper insights to data.

**Professional Services:** Full product life-cycle services including solution consulting and solution implementation services delivered by Sierra Wireless Network Engineers and Program Manager.

#### About Sierra Wireless

Sierra Wireless (NASDAQ: SWIR) (TSX: SW) is the leading IoT solutions provider that combines devices, network and software to unlock value in the connected economy. Companies globally are adopting IoT to improve operational efficiency, create better customer experiences, improve their business models and create new revenue streams. Whether it's a solution to help a business securely connect edge devices to the cloud, or a software/API solution to help manage processes associated with billions of connected assets, or a platform to extract real-time data to make the best business decisions, Sierra Wireless will work with you to create the right industry-specific solution for your next IoT endeavor. Sierra Wireless has more than 1,300 employees globally and operates R&D centers in North America, Europe and Asia.

Connect with Sierra Wireless on the IoT Blog at [http://www.sierrawireless.com/iotblog](#), on Twitter at [@sierrawireless](#), on LinkedIn at [http://www.linkedin.com/company/sierrawireless](#) and on YouTube at [http://www.youtube.com/sierrawireless](#)

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**Application**

**139973 - FY 2022 State Homeland Security Program (SHSP) Region F - Final Application**

**141034 - Satellite Internet/Phone Service  
State Homeland Security Program (SHSP)**

<b>Status:</b>	Editing	<b>Submitted Date:</b>	<b>Submitted By:</b>
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**Applicant Information**

**Primary Contact:**

<b>Name:*</b>	Ms. <small>Title</small>	Della <small>First Name</small>	Luster <small>Last Name</small>
<b>Job Title:*</b>	Administrative Coordinator		
<b>Email:*</b>	dluster@boonecountymo.org		
<b>Mailing Address:*</b>	2145 County Drive		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>* City:</b>	Columbia	Missouri	65202
	<small>City</small>	<small>State/Province</small>	<small>Postal Code/Zip</small>
<b>Phone:*</b>	573-554-7907		<small>Ext.</small>
<b>Fax:</b>	573-442-3828		

**Organization Information**

<b>Applicant Agency:*</b>	Boone County, Emergency Management Agency
<b>Organization Type:*</b>	Government
<b>Federal Tax ID#:*</b>	436000349
<b>DUNS #:</b>	073755977
<b>Unique Entity ID:*</b>	GKUHNLX9MJJ3
<b>SAM/CCR CAGE Code:</b>	<small>Valid Until Date</small>
<b>Organization Website:</b>	www.showmeboone.com/OEM
<b>Mailing Address:*</b>	2145 County Drive
<b>Street Address 1:</b>	

**Street Address 2:**

<b>City*</b>	Columbia City	Missouri State/Province	65202 Postal Code/Zip	0000 + 4
<b>County:*</b>	Boone			
<b>Congressional District:*</b>	04			
<b>Phone:*</b>	573-554-7900			Ext.
<b>Fax:</b>	573-442-3828			

**Contact Information****Authorized Official**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
- If the applicant agency is an Regional Planning Commission or Council of Government, the Executive Director shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

\*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\*

<b>Authorized Official:*</b>	Mr	Daniel	Atwill
	Title (Mr.Ms.etc)	First Name	Last Name

<b>Job Title:*</b>	Presiding Commissioner
<b>Agency:*</b>	Boone County Commission
<b>Mailing Address:*</b>	801 E. Walnut, Suite 333
<b>Street Address 1:</b>	801 E. Walnut
<b>Street Address 2:</b>	

*	Columbia	Missouri	65201
	City	State	Zip Code

<b>Email:*</b>	datwill@boonecountymmo.org		
<b>Phone:*</b>	573-886-4306	Ext.	Cell
	Office		

**Fax:**

**Applicant Project Director**

<b>Applicant Project Director:*</b>	Mr	Chris	Kelley
	Title (Mr.Ms.etc)	First Name	Last Name

<b>Job Title:*</b>	Deputy Director
<b>Agency:*</b>	Boone County Office of Emergency Management
<b>Mailing Address:*</b>	2145 County Drive
<b>Street Address 1:</b>	2145 County Drive

**Street Address 2:**

*	Columbia	Missouri	65202
	City	State	Zip Code

**Email:\*** ckelley@boonecountymo.org

<b>Phone:*</b>	573-554-7908	573-268-6707
	Office	Ext. Cell

**Fax** 573-442-3828

**Fiscal Officer**

<b>Fiscal Officer:*</b>	Mr	Dustin	Stanton
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Treasurer

**Agency:\*** County of Boone

**Mailing Address:\*** 801 Walnut Room 304

**Street Address 1:** 801 Walnut

**Street Address 2:**

*	Columbia	Missouri	65201
	City	State	Zip Code

**Email:\*** dstanton@boonecountymo.org

<b>Phone:*</b>	573-886-4367		
	Office	Ext.	Cell

**Fax**

**Project Contact Person**

<b>Project Contact Person:</b>	Ms	Della	Luster
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:** Administrative Coordinator

**Agency:** Boone County Office of Emergency Management

**Mailing Address:** 2145 County Drive

**Street Address 1:**

**Street Address 2:**

	Columbia	Missouri	65202
	City	State	Zip Code

**Email:** dluster@boonecountymo.org

<b>Phone:</b>	573-554-7907		
	Office	Ext.	Cell

**Fax:** 573-442-3828

## Section A.1 through B.4

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### A. Project Worksheet

**A.1 Project Title:\*** Satellite Internet/Phone Service

**A.2 Agency Name:\*** Boone County Office of Emergency Management

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

**A.6 Project Activity Type:\*** Develop/enhance interoperable communications systems

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** Yes

**A.7.a If you answered yes to Question A.7, please give a brief description and year of the original project.** FY19 Satellite was purchased for the 1ST trailer.  
FY20 Satellite Internet/Phone service awarded.  
FY21 Satellite Internet/Phone service awarded

**A.7.b If you answered yes to Question A.7, please indicate if assets from your project have been deployed/shared in the past 12 months.** Have not been deployed in the last 12 months

**A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Sustain

**A.8.a If you answered Build/Enhance to question A.8 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?** Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.

**A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.**

**A.9 Project Description\*** Sustain and strengthen the resiliency of operations communications and ensures redundancy for enhanced public safety by providing satellite internet/phone service to the 1ST trailer.

- A.10 Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Purchase of 12 months satellite service for the IST trailer.
- A.11 Are you applying for interoperable communications equipment?** No
- A.12 Provide estimated duration of the project (how long will it take to complete this project):\*** 09/01/22-08/31/24
- A.13 What are the objectives this project is designed to accomplish? (the purpose of the project)\*** To have the ability for communication between and among field response units during and after a major disaster.
- A.14 How does this project align with/increase terrorism preparedness for the state?\*** This aligns with the THIRA in terms of communications and interoperability across functional response and recovery areas that are necessary during an act of terrorism.
- A.15 How does this project align with/increase terrorism preparedness for your region?\*** To have the ability to communicate regardless of severity of disaster/act of terrorism and share information to enhance prevention, protection, mitigation, response, and recovery.
- A.16 Why is this project necessary for the state? \*** To enhance SHSP/National priority areas.
- A.17 Why is this project necessary for the region?\*** To provide the ability to communicate regardless of severity of act of terrorism/disaster and share information to enhance prevention, protection, mitigation, response, and recovery.
- A.18 How does your agency plan to financially sustain the requested items in the future without grant funding?\*** Intention of sustainment applications through Homeland Security.

## **B. Project Capability, THIRA and Dual Use**

- B.1 Did your agency participate in the development of your respective region's Threat and Hazard Identification and Risk Assessment (THIRA)?\*** Yes
- B.1.a If you answered yes to Question B.1, please explain your agency's participation in the development of the THIRA.** Attended and participated in all Region F/SEMA meetings.

*Please review the State FY 2019 MO THIRA and FY 2021 MO SPR to determine the following:*

- B.2 Which Primary Core Capability best aligns to this project?\*** Operational Coordination

**B.3 Which POETE (Planning, Organization, Equipment, Training, and Exercise) category(s) does your project address? \***

Planning, Organization, Equipment, Training, Exercise

1000 Character Limit

**B.4 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.2 and the POETE category(s) listed in B.3?\***

Ensure the ability to relay real time situational awareness at an incident/event site to enhance the ability to establish and maintain a unified and coordinated operational structure and process across 28 jurisdictions affected, within 8 hours.

1000 Character Limit

**B.5 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?**

In addition to BCOEM use, it provides a service in the region and state to maintain communications that can support a response to all hazards including acts of terrorism.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.  
1000 Character Limit

**B.6 Please review the National Priorities in the FY 2022 SHSP Notice of Funding Opportunity.**

1. Enhancing the protection of soft targets/crowded places
2. Enhancing information and intelligence sharing and analysis
3. Combating domestic violent extremism
4. Enhancing cybersecurity
5. Enhancing community preparedness and resilience
6. Enhancing election security

**If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)**

**National Priority:\*** Enhancing the protection of soft targets/crowded places

**Core Capability:\*** Operational coordination

**B.6.a If your project fulfills a National Priority, please describe how this project aligns with the National Priority selected in question B.5.**

This equipment aligns with the National Priority by enhancing the ability to relay real time situational awareness to enhance the protection of large incidents and/or events.

### C. Project Background

**Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.**

**C.1 Was any portion of the proposed project funded with FY 2021 SHSP funds?:\***

Yes

**C.2 FY 2021 Investment Justification** Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

*If funded with FY 2021 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2021 funds?*

**C.3 FY 2021 Prior Accomplishments:** Satellite service for 12 months

250 Character Limit

**C.4 Was any portion of the proposed project funded with FY 2020 SHSP funds?:\*** Yes

**C.5 FY 2020 Investment Justification:** Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

*If funded with FY 2020 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2020 funds?*

**C.6 FY 2020 Prior Accomplishments:** Satellite service for 12 months

250 Character Limit

**C.7 Was any portion of the proposed project funded with FY 2019 SHSP funds?:\*** Yes

**C.8 FY 2019 Investment Justification:** Building and Sustaining Interoperable Communication Capabilities

*If funded with FY 2019 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2019 funds?*

**C.9 FY 2019 Prior Accomplishments:** Purchased satellite equipment and monthly service.

250 Character Limit

## D. Deployable/Sharable Resources

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*

**D.1 Does this project fund resources that are:\*** Deployable Resource

*If answered Deployable in question D.1 complete questions D.2-D.8.  
If answered Shareable in question D.1 complete questions D.2-D.4.  
If answered NA in question D.1 skip to Section E.*

**D.2 Item Name:** IST Trailer

**D.3 If this is a sustainment project, describe how the project sustains the deployable/shareable resource?:** This project supports the IST trailer by providing satellite internet/phone service that is necessary for interoperable communications.

250 Character Limit

**D.4 Are there any special conditions/requirements on sharing the deployable/shareable resource(s)?** Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

*FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.*

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**D.6 Deployable**

**Resources****Kind & Type Name(s):**

Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable****Resources****Kind & Type ID(s):  
(ID x-xxx-xxxx)**

Example: ID 3-508-1032 Vehicle  
250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:**

250 Character Limit

**E. Audit Details****E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?\***

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed:  
MM/DD/YYYY\***

06/30/2021

If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to upload a copy of the agency's most recent completed audit (or annual financial statement) in the Named Attachments section of this application:\***

Yes

**F. Risk Assessment****F.1 Does the applicant agency have new personnel that will be working on this award?\***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?\***

No

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?\***

Yes

**F.4.a If you answered yes to Question F.4, please list the direct awards that were monitored and indicate**

Listed in attached Single Audit

if there were any findings or recommendations.

### **G. National Incident Management System (NIMS)**

**G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?\***

Yes

**G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?\***

Yes

**G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?\***

Yes

**G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?\***

Yes

**G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?\***

Yes

**G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?\***

Yes

**G.7 Has your agency designated a point of contact to serve as the principal coordinator for the implementation of NIMS?\***

Yes

**G.8 Has your agency adopted NIMS terminology for the qualification, certification, and credentialing of incident personnel?\*** Yes

**G.9 Does your agency use the NIMS Resource Management Process during incidents? (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock)\*** Yes

**G.10 Does your agency implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders?\*** Yes

**G.11 Does your agency use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource prioritization and allocation?\*** Yes

**G.12 Does your agency organize and manage EOC's and EOC teams consistent with pertinent NIMS guidance?\*** Yes

**G.13 Does your agency apply plain language and clear text communications standards?\*** Yes

**G.14 Does your agency develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness?\*** Yes

*If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.*

#### **G.15 Planned Activities:**

#### **H. Certified Assurances**

*To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:*

##### **SHSP Certified Assurances**

**H.1 By checking this** Yes

**box, I have read and agree to the terms and conditions of this grant:\***

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the application will be deemed ineligible for funding.

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts.
- If the applicant agency is an Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125.\*\*

**H.2 Authorized Official Name and Title:\*** Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\*** Della Luster, Administrative Coordinator

**H.4 Date:\*** 06/10/2022

## Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

## Narrative Justification - Personnel

5000 Character Limit

## Personnel Benefits

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

**Narrative Justification - Benefits**

---

5000 Character Limit

**Travel**

---

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

**Narrative Justification - Travel**

---

**Travel Justification**

5000 Character Limit

**Equipment**

---

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
				\$0.00				

**Narrative Justification - Equipment**

---

5000 Character Limit

**Supplies/Operations**

---

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation	Discipline:	Function:	Allowable Activity:

				<b>Expense Cost:</b>			
Other (computer, projector, chair, etc.)	IST Trailer Satellite Internet/Phone Services	12.0	\$400.00	\$4,800.00	Emergency Management	Equipment	Interoperable Communications Equipment
				<b>\$4,800.00</b>			

### ***Narrative Justification - Supplies/Operations***

---

Satellite Internet/Phone service for the Incident Support Team (IST) Trailer at \$400.00 per month for 12 months. This provides the sustained capability of Boone County Emergency Management to provide communication services to responders when catastrophic events cause interruption to conventional means of communication. The ability to communicate is critical to any emergency management function.

5000 Character Limit

### ***Contractual***

---

<b>Item Name:</b>	<b>Type of Contract:</b>	<b>Contract Amount:</b>	<b>Discipline:</b>	<b>Function:</b>	<b>Allowable Activity:</b>
		\$0.00			

### ***Narrative Justification - Contractual***

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5000 Character Limit

### ***Total Budget***

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<b>Total Personnel:</b>	\$0.00
<b>Total Benefits:</b>	\$0.00
<b>Total Travel:</b>	\$0.00
<b>Total Equipment:</b>	\$0.00
<b>Total Supplies/Operation:</b>	\$4,800.00
<b>Total Contractual:</b>	\$0.00
<b>Total Project Cost:</b>	\$4,800.00

**Named Attachments 2022**

<b>Attachment</b>	<b>Description</b>	<b>File Name</b>	<b>Type</b>	<b>File Size</b>
Audit/Financial Statement (REQUIRED)*	Single Audit	2020_OMB_Circular_A-133.pdf	pdf	224 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis				
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



Application

139973 - FY 2022 State Homeland Security Program (SHSP) Region F - Final Application

141033 - Boone County OEM Generator Load Testing State Homeland Security Program (SHSP)

Status: Editing Submitted Date: Submitted By:

Applicant Information

Primary Contact:

Name\*: Ms. Della Luster Title First Name Last Name Job Title\*: Administrative Coordinator Email\*: dluster@boonecountymo.org Mailing Address\*: 2145 County Drive Street Address 1: Street Address 2: \* City State/Province Postal Code/Zip Phone\*: 573-554-7907 Ext. Fax: 573-442-3828

Organization Information

Applicant Agency\*: Boone County, Emergency Management Agency Organization Type\*: Government Federal Tax ID#: 436000349 DUNS #: 073755977 Unique Entity ID\*: GKUHNLX9MJJ3 SAM/CCR CAGE Code: Valld Until Date Organization Website: www.showmeboone.com/OEM Mailing Address\*: 2145 County Drive Street Address 1:

**Street Address 2:**

<b>City*</b>	Columbia City	Missouri State/Province	65202 Postal Code/Zip	0000 + 4
<b>County:*</b>	Boone			
<b>Congressional District:*</b>	04			
<b>Phone:*</b>	573-554-7900			Ext.
<b>Fax:</b>	573-442-3828			

**Contact Information****Authorized Official**

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
- If the applicant agency is an Regional Planning Commission or Council of Government, the Executive Director shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

\*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\*

<b>Authorized Official:*</b>	Mr	Daniel	Atwill
	Title (Mr.Ms.etc)	First Name	Last Name

<b>Job Title:*</b>	Presiding Commissioner
<b>Agency:*</b>	Boone County Commission
<b>Mailing Address:*</b>	801 E. Walnut, Suite 333
<b>Street Address 1:</b>	801 E. Walnut
<b>Street Address 2:</b>	

*	Columbia	Missouri	65201
	City	State	Zip Code

<b>Email:*</b>	datwill@boonecountymo.org		
<b>Phone:*</b>	573-886-4306	Ext.	Cell
	Office		

**Fax:**

**Applicant Project Director**

<b>Applicant Project Director:*</b>	Mr	Chris	Kelley
	Title (Mr.Ms.etc)	First Name	Last Name

<b>Job Title:*</b>	Deputy Director
<b>Agency:*</b>	Boone County Office of Emergency Management
<b>Mailing Address:*</b>	2145 County Drive
<b>Street Address 1:</b>	2145 County Drive

**Street Address 2:**

*	Columbia	Missouri	65202
	City	State	Zip Code

**Email:\*** ckelley@boonecountymo.org

<b>Phone:*</b>	573-554-7908		
	Office	Ext.	Cell

**Fax** 573-442-3828

**Fiscal Officer**

<b>Fiscal Officer:*</b>	Mr	Dustin	Stanton
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:\*** Treasurer

**Agency:\*** County of Boone

**Mailing Address:\*** 801 Walnut

**Street Address 1:** 801 Walnut

**Street Address 2:**

*	Columbia	Missouri	65201
	City	State	Zip Code

**Email:\*** dstanton@boonecountymo.org

<b>Phone:*</b>	573-886-4367		
	Office	Ext.	Cell

**Fax**

**Project Contact Person**

<b>Project Contact Person:</b>	Ms	Della	Luster
	Title (Mr.Ms.etc)	First Name	Last Name

**Job Title:** Administrative Coordinator

**Agency:** Boone County Office of Emergency Management

**Mailing Address:** 2145 County Dr

**Street Address 1:**

**Street Address 2:**

	Columbia	Missouri	65202
	City	State	Zip Code

**Email:** dluster@boonecountymo.org

<b>Phone:</b>	573-554-7907		
	Office	Ext.	Cell

**Fax:** 573-442-3828

## Section A.1 through B.4

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### A. Project Worksheet

**A.1 Project Title:\*** Generator Load Testing

**A.2 Agency Name:\*** Boone County Office of Emergency Management

**A.3 Region:\*** F

**A.4 County:\*** Boone

**A.5 Project Location Zip Code:\*** 65202

**A.6 Project Activity Type:\*** Establish/enhance public-private emergency preparedness program

**A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?\*** Yes

**A.7.a If you answered yes to Question A.7, please give a brief description and year of the original project.** 2015-2016 Baldor 80KVA Generator Purchase  
2017-Generac 75KVA Generator Purchase Homeland Security Funds Sustainment annual load testing.

**A.7.b If you answered yes to Question A.7, please indicate if assets from your project have been deployed/shared in the past 12 months.** These have not been deployed in the last 12 months.

**A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?\*** Build/Enhance

**A.8.a If you answered Build/Enhance to question A.8 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?** No  
Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.

**A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.**

**A.9 Project Description\*** Annual load testing of large towable power electrical generators is necessary to ensure operations when needed for backup power supply, operational emergency communications.  
We have two generators, an 80 kva and a 75 kva.

- A.10 Provide a summary of specific project actions/items that will be purchased with grant funds:\*** Load testing the generators
- A.11 Are you applying for interoperable communications equipment?** No
- A.12 Provide estimated duration of the project (how long will it take to complete this project):\*** 09/01/22-08/31/24
- A.13 What are the objectives this project is designed to accomplish? (the purpose of the project)\*** Enhance preparedness through the assessment of power generation assets. Complete load testing for generators that will be used to provide a backup power supply. Identify any vulnerabilities or maintenance concerns with emergency power assets, to maintain reliable response equipment.
- A.14 How does this project align with/increase terrorism preparedness for the state?\*** Enhancing community preparedness and resilience by testing our generators to ensure they are capable of delivering power during or after power grid issues due to terrorism.
- A.15 How does this project align with/increase terrorism preparedness for your region?\*** In the event of a terrorist caused or natural catastrophic event, it will be necessary for impacted populations to have adequate and reliable electricity that will be provided through readily available and load tested generators. Generators may be required for emergency response to critical assets in the region.
- A.16 Why is this project necessary for the state? \*** To ensure this equipment has the ability to deliver power to critical infrastructure in the time of need in the event of terrorist activity.
- A.17 Why is this project necessary for the region?\*** To ensure this equipment has the ability to deliver power to critical assets in the region due to any terrorist activity on critical infrastructure.
- A.18 How does your agency plan to financially sustain the requested items in the future without grant funding?\*** Intentions of sustainment applications through Homeland Security.

## **B. Project Capability, THIRA and Dual Use**

- B.1 Did your agency participate in the development of your respective region's Threat and Hazard Identification and Risk Assessment (THIRA)?\*** Yes
- B.1.a If you answered yes to Question B.1, please explain your agency's participation in the development of the THIRA.** Attended and participated in all Region F/SEMA meetings.

*Please review the State FY 2019 MO THIRA and FY 2021 MO SPR to determine the following:*

- B.2 Which Primary Core Infrastructure Systems**

**Capability best aligns to this project?\***

**B.3 Which POETE (Planning, Organization, Equipment, Training, and Exercise) category(s) does your project address? \***

Equipment

1000 Character Limit

**B.4 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.2 and the POETE category(s) listed in B.3?\***

Will allow reliable power source within 8 hours of potential or actual incident to provide continuity of service and operation structures.

1000 Character Limit

**B.5 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?**

Available within Region F and throughout the state for deployment during incidents where power is needed for response and recovery to natural, technological, or man-made disasters including those caused by acts of terrorism.

Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.

1000 Character Limit

**B.6 Please review the National Priorities in the FY 2022 SHSP Notice of Funding Opportunity.**

1. *Enhancing the protection of soft targets/crowded places*
2. *Enhancing information and intelligence sharing and analysis*
3. *Combating domestic violent extremism*
4. *Enhancing cybersecurity*
5. *Enhancing community preparedness and resilience*
6. *Enhancing election security*

*If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)*

**National Priority:\*** Enhancing community preparedness and resilience

**Core Capability:\*** Community resilience

**B.6.a If your project fulfills a National Priority, please describe how this project aligns with the National Priority selected in question B.5.**

Protection of high-risk, high consequence areas or systems that have been identified through risk assessments.

## C. Project Background

*Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.*

**C.1 Was any portion of the proposed project funded with FY 2021 SHSP funds?\***

Yes

**C.2 FY 2021 Investment** Building and Sustaining Regional Collaboration via Regional Homeland Security

**Justification****Oversight**

*If funded with FY 2021 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2021 funds?*

**C.3 FY 2021 Prior Accomplishments:**

Completing generator load testing

250 Character Limit

**C.4 Was any portion of the proposed project funded with FY 2020 SHSP funds?:\***

Yes

**C.5 FY 2020 Investment Justification:**

Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

*If funded with FY 2020 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2020 funds?*

**C.6 FY 2020 Prior Accomplishments:**

Completing generator load testing

250 Character Limit

**C.7 Was any portion of the proposed project funded with FY 2019 SHSP funds?:\***

Yes

**C.8 FY 2019 Investment Justification:**

Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight

*If funded with FY 2019 Federal Grant Award what was the last major accomplishment/milestone that was completed with FY 2019 funds?*

**C.9 FY 2019 Prior Accomplishments:**

Completing generator load testing

250 Character Limit

**D. Deployable/Sharable Resources**

*Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.*

*Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).*

**D.1 Does this project fund resources that are:\***

Deployable Resource

*If answered Deployable in question D.1 complete questions D.2-D.8.*

*If answered Shareable in question D.1 complete questions D.2-D.4.*

*If answered NA in question D.1 skip to Section E.*

**D.2 Item Name:**

Generators (80 kva and 75 kva)

**D.3 If this is a sustainment project, describe how the project sustains the deployable/shareable resource?:**

manufacturer specs and to ensure mission readiness for potential deployments.

250 Character Limit

**D.4 Are there any special conditions/requirements on sharing the deployable/shareable resource(s)?**

Yes

Example: Specific requirements of equipment, operator, etc.  
250 Character Limit

**D.4.a Please explain the special**

Operated by an experienced operator, maintain fluids, and return to BCOEM in same condition as deployed.

**conditions/requirements on sharing the deployable/shareable resource.**

FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.

**D.5 Is deployable resource NIMS Kind & Typed?:** No

**D.6 Deployable Resources**

**Kind & Type Name(s):** Example: Mass Casualty Support Vehicle  
250 Character Limit

**D.7 Deployable Resources**

**Kind & Type ID(s):** Example: ID 3-508-1032 Vehicle  
(ID x-xxx-xxxx) 250 Character Limit

**D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:**

250 Character Limit

**E. Audit Details**

**E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?\***

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit completed:**  
MM/DD/YYYY\*

06/30/2021

If an agency has never had an audit, please enter the date of their last annual financial statement.

**E.3 By checking this box the applicant agency understands they are required to upload a copy of the agency's most recent completed audit (or annual financial statement) in the Named Attachments section of this application:\***

Yes

**F. Risk Assessment**

**F.1 Does the applicant agency have new personnel that will be working on this award?\***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?\***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant agency receive any direct Federal awards?\***

Yes

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.3.a If you answered yes to Question F.3, please list the direct Federal awards the agency receives.** Listed in attached Single Audit

**F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?\*** No

**G. National Incident Management System (NIMS)**

**G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?\*** Yes

**G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?\*** Yes

**G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?\*** Yes

**G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?\*** Yes

**G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?\*** Yes

**G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available** Yes

**through the Resource Typing Library Tool?:\***

**G.7 Has your agency designated a point of contact to serve as the principal coordinator for the implementation of NIMS?\*** Yes

**G.8 Has your agency adopted NIMS terminology for the qualification, certification, and credentialing of incident personnel?\*** Yes

**G.9 Does your agency use the NIMS Resource Management Process during incidents? (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock)\*** Yes

**G.10 Does your agency implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders?\*** Yes

**G.11 Does your agency use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource prioritization and allocation?\*** Yes

**G.12 Does your agency organize and manage EOC's and EOC teams consistent with pertinent NIMS guidance?\*** Yes

**G.13 Does your agency apply plain language and clear text communications standards?\*** Yes

**G.14 Does your agency develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness?\*** Yes

*If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.*

**G.15 Planned Activities:**

**H. Certified Assurances**

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

SHSP Certified Assurances

**H.1 By checking this box, I have read and agree to the terms and conditions of this grant.\***      Yes

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the application will be deemed ineligible for funding.

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts.
- If the applicant agency is an Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125.\*\*

**H.2 Authorized Official Name and Title:\***      Daniel Atwill, Presiding Commissioner

**H.3 Name and Title of person completing this proposed application:\***      Della Luster, Administrative Coordinator

**H.4 Date:\***      06/10/2022

**Personnel**

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities:	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

**Narrative Justification - Personnel**

5000 Character Limit

**Personnel Benefits**

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

**Narrative Justification - Benefits**

5000 Character Limit

**Travel**

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

**Narrative Justification - Travel**

Travel Justification

5000 Character Limit

**Equipment**

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
				\$0.00				

**Narrative Justification - Equipment**

5000 Character Limit

**Supplies/Operations**

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	Generator Load Testing	2.0	\$550.00	\$1,100.00	Emergency Management	Equipment	Power (e.g., generators, batteries, power cells)
				<b>\$1,100.00</b>			

**Narrative Justification - Supplies/Operations**

Annual generator testing is a sustainable item vital to the operations of generators. Cost is based on previous years.

Baldor 80 kva and Generac 75 kva, housed at Boone County OEM, 2145 County Drive, Columbia, MO

5000 Character Limit

**Contractual**

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
		\$0.00			

**Narrative Justification - Contractual**

5000 Character Limit

**Total Budget**

<b>Total Personnel:</b>	\$0.00
<b>Total Benefits:</b>	\$0.00
<b>Total Travel:</b>	\$0.00
<b>Total Equipment:</b>	\$0.00
<b>Total Supplies/Operation:</b>	\$1,100.00
<b>Total Contractual:</b>	\$0.00

**Total Project Cost:** \$1,100.00

## ***Named Attachments 2022***

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<b>Attachment</b>	<b>Description</b>	<b>File Name</b>	<b>Type</b>	<b>File Size</b>
Audit/Financial Statement (REQUIRED)*	Single Audit	2020_OMB_Circular_A-133.pdf	pdf	224 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quote or other costs basis				
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				

251 -2022

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

Term 20

In the County Commission of said county, on the 14th day of June 20 22

the following, among other proceedings, were had, viz:

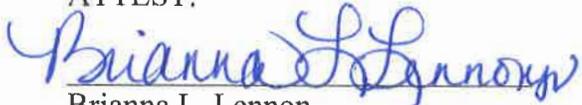
Now on this day, the County Commission of the County of Boone does hereby approve the Sourcewell (NJPA) Cooperative Contract 120617-CMM, which was approved by Commission for award to Cummins, Inc. on March 26, 2019. This Amendment adds a generator for the Boone County Sheriff Department.

Total cost of generator is \$26,534.00 and will be paid from Department 6200 – Capital R&R – General, Account 60100 – Building Repairs/Maintenance.

A Budget Amendment was approved in Commission for this purchase on May 31, 2022.

Done this 14<sup>th</sup> day of June 2022.

ATTEST:

  
Brianna L. Lennon  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner

  
Justin Aldred  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Melinda Bobbitt, CPPO**  
Director of Purchasing



613 E. Ash Street, Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Melinda Bobbitt, CPPPO, CPPB  
DATE: June 14, 2022  
RE: Amendment #3 to Cooperative Contract: 120617-CMM – Generator for Joint Communications for PEN

Sourcewell (NJPA) cooperative contract *120617-CMM* was approved by commission for award to Cummins, Inc. on March 26, 2019. This amendment adds a generator for the PEN tower site.

Total cost of generator is \$21,157.00 and will be paid from department 2706 –BOCO Joint Communications Radio Improvements, account 91300 – Machinery & Equipment. Total budget in 2022 for the PEN Tower Project is \$513,750.

cc: Chad Martin, Pat Schreiner, Dave Dunford, Joint Communications Contract File

Commission Order #: 251-2022

Date: 6/14/2022

**CONTRACT AMENDMENT NUMBER FOUR  
PURCHASE AGREEMENT  
FOR  
Generator for Boone County Sheriff Department**

The Agreement **120617-CMM** dated March 26, 2019, made by and between Boone County, Missouri and **Cummins, Inc.** for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

1. Furnish and deliver one (1) generator for a total price of \$26,534.00 as follows:

<u>Description</u>	<u>Qty</u>
<b>Standby, Natural Gas/Propane Genset C100N6, 100Hz</b>	<b>1</b>
U.S. EPA, Stationary Emergency Application	
C100N6, 100kW, 60Hz, Standby, Natural Gas/Propane Genset	
Duty Rating-Standby Power (ESP)	
Emissions Certification-SI, EPA, Emergency, Stationary, 40CFR60	
Listing-UL2200	
NFPA 110 Type 10 Level 1 Capable	
Control Mounting-Left Facing	
PowerCommand 2.3 Controller	
Gauge-Oil Pressure	
AmpSentry TM UL Listed Protective Relay	
Stop Switch-Emergency	
Control Display Language-English	
Load Connection-Single	
Circuit Breaker, Location A, 125A-400A, 3P, LSI, 600 Volts AC, 100%, UL	
Circuit Breaker or Terminal Box Right Side (Position B)-None	
Circuit Breaker or Terminal Box Right Side (Position C)-None	
Engine Governor-Electronic, Isochronous	
Single Gas Fuel-NG or LP Vapor	
Engine Starter - 12 Volt DC Motor	
Engine Air Cleaner-Normal Duty	
Battery Charging Alternator	
Battery Charger - 6 Amp, Regulated	
Engine Cooling-Radiator, High Ambient Air Temperature, Ship Fitted	
Shutdown-Low Coolant Level	
Extension-Coolant Drain	
Engine Coolant-50% Antifreeze, 50% Water Mixture	
Exciter/Regulator-Torque Match	
Coolant Heater, Extreme Cold Ambient	
Voltage-120/208, 3 Phase, Wye, 4 Wire	
Engine Oil Heater - 120 Volts AC, Single Phase	
Engine Oil	
Genset Warranty-2 Years Base	
Alternator-60Hz, Reconnect, Full Output, 120C, 40C ambient, Increased Motor Starting (IMS)	
Literature-English	
Packing-Skid, Poly Bag	
Extension-Oil Drain	
Aluminum Weather Protective Enclosure, with Exhaust System	

Enclosure Color-Green, Aluminum  
Enclosure - Wind Load 180MPH, ASCE7-10  
Larger Battery Rack  
Skidbase-Housing Ready

<u>Description</u>	<u>Qty</u>
Battery – Group 34	2
Service - Start up and Testing	1
<b>TOTAL</b>	<b>\$26,534.00</b>

2. Delivery shall be made within 64 weeks. All deliveries shall be made FOB Destination with freight charges fully included and prepaid. The seller pays and bears the freight charges.

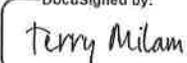
Deliver to address on Purchase Order.

Contractor is responsible for unloading generator. County will be responsible for installation. Coordinate delivery with County Representative: Major Gary German, Phone: 573-875-1111 extension 6201.

3. Warranty - Manufacturer’s standard warranty included.
4. Except as specifically amended hereunder, all other terms, conditions, provisions and prices of the original agreement shall remain the same and apply hereto.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**CUMMINS, INC.**

DocuSigned by:  
  
 By: \_\_\_\_\_  
BDABC7E47F8D486

Title: Senior Sales Representative

**BOONE COUNTY, MISSOURI**

By: Boone County Commission

DocuSigned by:  
  
 \_\_\_\_\_  
BA4B934CED6E4EB

Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

DocuSigned by:  
  
 \_\_\_\_\_  
7D74DEAEB9074DD

CJ Dykhouse, County Counselor

ATTEST:

DocuSigned by:  
  
 \_\_\_\_\_  
D267E242BF8048C

Brianna L. Lennon, County Clerk

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

DocuSigned by:  _____ <small>#C24BD84E67A183</small>	6/6/2022	6200-60100/ \$26,534.00
Signature	Date	Appropriation Account



252-2022

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

June Session of the April Adjourned

Term 20

County of Boone

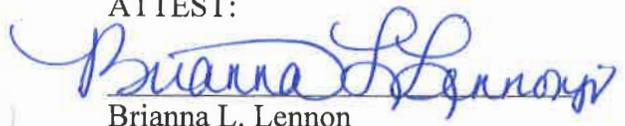
In the County Commission of said county, on the 14th day of June 20 22

the following, among other proceedings, were had, viz:

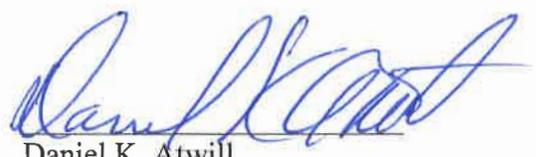
Now on this day, the County Commission of the County of Boone does hereby approve the Purchasing Departments request to dispose of the attached list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

Done this 14<sup>th</sup> day of June 2022.

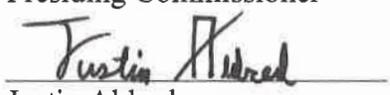
ATTEST:



Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Justin Aldred  
District I Commissioner



Janet M. Thompson  
District II Commissioner

**Boone County Purchasing**  
**David Eagle**  
Purchasing Assistant



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4394

**MEMORANDUM**

**TO:** Boone County Commission  
**FROM:** David Eagle  
**RE:** Surplus Disposal  
**DATE:** May 24, 2022

The Purchasing Departments requests permission to dispose of the following list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

	Asset #	Description	Make & Model	Department	Condition of Asset	
1	NO TAGS	32 BOOKS		JJC	POOR	TRASHED
2	NO TAG	TELEVISION	SANYO	JJC	BROKEN	TRASHED
3	NO TAG	SHELF FOR DVD/SATELITE DISH		JJC	POOR	RECYCLE WITH ELECTRONIC RECYCLER
4	NO TAG	SUBSTANCE ABUSE SCREENING INVENTORY	SASSI	JJC	POOR	TRASHED
5	NO TAGS	VHS TAPES		JJC	POOR	TRASHED
6	NO TAG	OVERHEAD CABINETS		IT	GOOD	
7	13238	BLUE CHAIR		ROAD & BRIDGE	POOR	RECYCLE WITH ELECTRONIC RECYCLER

8	196	TWO DRAWER FILE CABINET		COMMISSION	USED	
9	8583	STENOGRAPH MACHINE	STENTURA 8000	COURT REPORTERS	OLD	TRADED IN
10	14311	STENOGRAPH MACHINE	STENTURA 8000	COURT REPORTERS	OLD	TRADED IN
11	411	METAL BOOKCASE		ROAD & BRIDGE	POOR	INCLUDED IN METAL SCRAP
12	12395	METAL BOOKCASE		ROAD & BRIDGE	POOR	INCLUDED IN METAL SCRAP
13	12396	METAL BOOKCASE		ROAD & BRIDGE	POOR	INCLUDED IN METAL SCRAP
14	12399	METAL BOOKCASE		ROAD & BRIDGE	POOR	INCLUDED IN METAL SCRAP
15	12400	METAL BOOKCASE		ROAD & BRIDGE	POOR	INCLUDED IN METAL SCRAP
16	NO TAG	ROLLING OFFICE CHAIR		COMMISSION	POOR	
17	NO TAG	MOTOR OF SHREDDING MACHINE		RESOURCE MANAGEMENT		RECYCLE WITH ELECTRONIC RECYCLER
18	NO TAG	DESK CHAIR		RESOURCE MANAGEMENT	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
19	NO TAG	BLACK ARMLESS DRAFT CHAIR		RESOURCE MANAGEMENT	FAIR	

20	4111	BROWN ARMLESS DRAFT CHAIR		RESOURCE MANAGEMENT	FAIR	
21	NO TAG	BLUE STACKING CHAIR		CIRCUIT COURT	GOOD	
22	NO TAG	BROWN DESK CHAIR		CIRCUIT COURT	POOR	RECYCLE WITH ELECTRONIC RECYCLE
23	NO TAGS	TWO BROWN PADDED CAFETERIA CHAIRS		CIRCUIT COURT	POOR	RECYCLE WITH ELECTRONIC RECYCLE
24	NO TAGS	TWO JUROR CHAIRS		CIRCUIT COURT	GOOD	
25	NO TAG	WOODEN TABLE		CIRCUIT COURT	GOOD	
26	NO TAG	STACKING CHAIR		CIRCUIT COURT		RECYCLE WITH ELECTRONIC RECYCLER
27	NO TAGS	DESK CHAIR ARMS AND HARDWARE		CIRCUIT COURT		RECYCLE WITH ELECTRONIC RECYCLER
28	NO TAGS	TWO LEATHER BRIEFCASES		CIRCUIT COURT	FAIR	
29	17874	40 " TELEVISION WITH STAND	HITACHI	CIRCUIT COURT	GOOD	
30	16367	INDUSTRIAL DISHWASHER		SHERIFF	POOR	VENDOR WILL HAUL OFF WHEN NEW ONE IS DELIVERED
31	NO TAGS	16 BOOKS AND TWO BINDERS		JJC	POOR	TRASHED

32	11337	VACUUM	WINDSOR SENR SR15	JJC	POOR	RECYCLE WITH ELECTRONIC RECYCLER
33	NO TAG	TOASTER	MAINSTAYS	JJC	POOR	RECYCLE WITH ELECTRONIC RECYCLER
34	NO TAGS	MISC. KITCHEN SUPPLIES		JJC	POOR	TRASHED
35	18432	SMART BOARD AND SPEAKERS		JJC	POOR	RECYCLE WITH ELECTRONIC RECYCLER
36	18433	PROJECTOR		JJC	POOR	RECYCLE WITH ELECTRONIC RECYCLER
37	NO TAGS	3 RING FOLDER, PAPERBACK BOOK, AND SCISSORS		JJC	POOR	TRASHED
38	1948	3 DRAWER FILE CABINET		RECORDER	FAIR	
39	NO TAGS	CHAIR AND OTHER MISC. ITEMS		CLERK	USED	
40	9526	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER
41	9104	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER
42	10697	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER
43	7944	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER

44	7939	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER
45	10321	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER
46	9079	PHONE		CLERK	USED	RECYCLE WITH ELECTRONIC RECYCLER
47	10066	GREEN OFFICE CHAIR		RECORDER	FAIR	
48	NO TAG	GRAY OFFICE CHAIR		RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
49	11376	GREEN OFFICE CHAIR		RECORDER	FAIR	
50	NO TAG	DESKTOP CALCULATOR		AUDITOR	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
51	NO TAG	TYPEWRITER RIBBON CARTRIDGE	IBM	RECORDER	UNOPENED BOX	
52	NO TAG	TYPEWRITER RIBBON CARTRIDGE	IBM	RECORDER	UNOPENED BOX	
53	NO TAG	TYPEWRITER RIBBON CARTRIDGE	IBM	RECORDER	UNOPENED BOX	
54	NO TAG	TYPEWRITER RIBBON CARTRIDGE	IBM	RECORDER	UNOPENED BOX	
55	NO TAG	TYPEWRITER RIBBON CARTRIDGE	IBM	RECORDER	UNOPENED BOX	

56	NO TAG	<b>TYPEWRITER RIBBON CARTRIDGE</b>	<b>IBM</b>	<b>RECORDER</b>	<b>UNOPENED BOX</b>	
57	NO TAG	<b>FLAT FLOOR EXTENSION CORD</b>		<b>RECORDER</b>	<b>POOR</b>	
58	NO TAG	<b>FLAT FLOOR EXTENSION CORD</b>		<b>RECORDER</b>	<b>POOR</b>	
59	NO TAG	<b>PLASTIC TELEPHONE STAND</b>		<b>RECORDER</b>	<b>GOOD</b>	
60	NO TAG	<b>METAL BRACKETS FOR FILE CABINET</b>		<b>RECORDER</b>	<b>GOOD</b>	
61	NO TAG	<b>METAL BRACKETS FOR FILE CABINET</b>		<b>RECORDER</b>	<b>GOOD</b>	
62	NO TAG	<b>METAL BRACKETS FOR FILE CABINET</b>		<b>RECORDER</b>	<b>GOOD</b>	
63	NO TAG	<b>METAL BRACKETS FOR FILE CABINET</b>		<b>RECORDER</b>	<b>GOOD</b>	
64	NO TAG	<b>METAL ADJUSTABLE PHONE STAND</b>		<b>RECORDER</b>	<b>GOOD</b>	
65	NO TAG	<b>METAL ADJUSTABLE PHONE STAND</b>		<b>RECORDER</b>	<b>GOOD</b>	
66	NO TAG	<b>METAL ADJUSTABLE PHONE STAND</b>		<b>RECORDER</b>	<b>GOOD</b>	
67	NO TAG	<b>METAL PRONG FASTENER</b>		<b>RECORDER</b>	<b>GOOD</b>	

68	NO TAG	FOUTAIN PEN	WATERMAN	RECORDER	NEW	
69	NO TAG	BAG OF RUBBER BANDS – SIZE 107 (5/8" X 7")		RECORDER	BAG OPENED	
70	NO TAG	BAG OF RUBBER BANDS – SIZE 107 (5/8" X 7")		RECORDER	BAG OPENED	
71	NO TAG	BAG OF RUBBER BANDS – SIZE 107 (5/8" X 7")		RECORDER	BAG OPENED	
72	NO TAG	STAPLE CARTRIDGE	RICOH	RECORDER	BOX OPENED	
73	NO TAG	KATUN CARTRIDGE STAPLES	SWINGLINE	RECORDER	UNOPENED BOX	
74	NO TAG	KATUN CARTRIDGE STAPLES	SWINGLINE	RECORDER	UNOPENED BOX	
75	NO TAG	KATUN CARTRIDGE STAPLES	SWINGLINE	RECORDER	UNOPENED BOX	
76	NO TAG	KATUN CARTRIDGE STAPLES	SWINGLINE	RECORDER	UNOPENED BOX	
77	NO TAG	KATUN CARTRIDGE STAPLES	SWINGLINE	RECORDER	UNOPENED BOX	
78	NO TAG	KATUN CARTRIDGE STAPLES	SWINGLINE	RECORDER	UNOPENED BOX	
79	NO TAG	DESK CALCULATOR RIBBONS		RECORDER	BOX OPENED	

80	NO TAG	CARBONLESS PHONE MESSAGE BOOK		RECORDER	NEW	
81	NO TAG	MICROGRAPHICS M TONER	CANON	RECORDER	NEW	
82	NO TAG	MICROGRAPHICS M TONER	CANON	RECORDER	NEW	
83	NO TAG	TONER CARTRIDGE FOR FAX MACHINE	PANASONIC	RECORDER	NEW	
84	NO TAG	ADAPTEC SCSI CARD		RECORDER	UNKNOWN	
85	NO TAG	BLACK TONER CARTRIDGE	RICOH	RECORDER	UNOPENED BOX	
86	NO TAG	BLACK TONER CARTRIDGE	RICOH	RECORDER	UNOPENED BOX	
87	NO TAG	ELECTRIC STAPLER	BOSTICH	RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
88	NO TAG	ELECTRIC STAPLER	BOSTICH	RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
89	NO TAG	ELECTRIC STAPLER	BOSTICH	RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
90	NO TAG	HANDHELD BARCODE SCANNER	FOCUS FIRST	RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
91	NO TAG	HANDHELD STAPLER		RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER

92	NO TAG	DESKTOP CALCULATOR		RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
93	NO TAG	DESKTOP CALCULATOR		RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
94	NO TAG	LABEL PRINTER	ZEBRA	RECORDER	BROKEN	
95	NO TAG	16" OSSILLATING DESK FAN		RECORDER	BROKEN	RECYCLE WITH ELECTRONIC RECYCLER
96	NO TAG	OCE PLOTWAVE 300/350		RECORDER	UNOPENED CARTRIDGE	
97	NO TAG	EIGHT 2.5' PHONE CORDS		RECORDER	GOOD	
98	NO TAG	3' PHONE CORD		RECORDER	GOOD	
99	NO TAG	OVERHEAD DESK HUTCH		INFORMATION TECHNOLOGY	USED	
100	NO TAG	OVERHEAD DESK HUTCH		INFORMATION TECHNOLOGY	USED	
101	NO TAG	OVERHEAD CABINET		INFORMATION TECHNOLOGY	EXCELLENT	
102	NO TAG	OVERHEAD CABINET		INFORMATION TECHNOLOGY	EXCELLENT	
103	NO TAG	OVERHEAD CABINET		INFORMATION TECHNOLOGY	EXCELLENT	

104	NO TAG	OVERHEAD CABINET		INFORMATION TECHNOLOGY	EXCELLENT	
105	NO TAG	OVERHEAD CABINET		INFORMATION TECHNOLOGY	EXCELLENT	
106	NO TAG	OVERHEAD CABINET		INFORMATION TECHNOLOGY	EXCELLENT	
107	NO TAGS	OFFICE CUBICLES 4' LONG X 5' WIDE X 5' 3" HIGH WITH DESKS		JJC	GOOD	
108	NO TAGS	SIREN CONTROLER	WHELEN CENCOM SAPPHIRE	SHERIFF	REPLACED	RECYCLE WITH ELECTRONIC RECYCLER
109	NO TAGS	LOT OF MISC. FLASHLIGHTS AND CHARGERS		SHERIFF	REPLACED	RECYCLE WITH ELECTRONIC RECYCLER
110	NO TAGS	LOT OF VHG MOBILE RADIO ANTENNA WHIPS AND RELATED PARTS		SHERIFF	USED	
111	NO TAGS	LOT OF GUN RACKS	PROGARD	SHERIFF	FAIR TO GOOD	
112	NO TAGS	LOT OF FUSE PANELS, FUSE BLOCKS, AND FUSE HOLDERS		SHERIFF	FAIR TO GOOD	RECYCLE WITH ELECTRONIC RECYCLER
113	NO TAGS	MISC. MODULAR FURNITURE PARTS		RADIO NETWORK	USED	RECYCLED

cc: Heather Acton, Jacob Flowers,  
Surplus File

Auditor's office

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 01/31/2022

Fixed Asset Tag Number:

Description of Asset: 32 Books

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: Torn, Missing Pages and Covers

Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

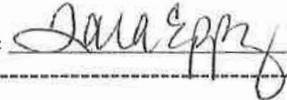
If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242

Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 Na

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

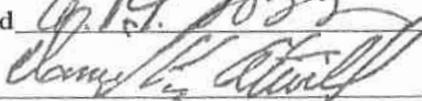
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Apr 14, 2022

Signature 

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JAN 31 2021

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 01/31/2022

Fixed Asset Tag Number:

Description of Asset: Sanyo Television

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): V4310479563324

Condition of Asset: Poor

Reason for Disposition: Damaged and Broken

Location of Asset and Desired Date for Removal to Storage: JJC asap

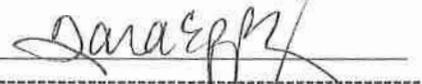
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

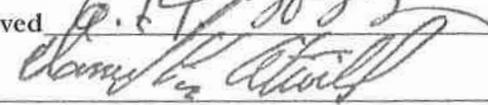
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 1.14.2022

Signature 

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**JAN 31 2021**  
**BOONE COUNTY**  
**AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 01/31/2022

Fixed Asset Tag Number:

Description of Asset: Shelf for DVD/Satellite Dish

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: Broken

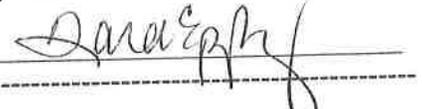
Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

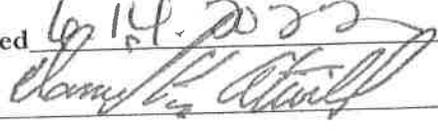
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6/14/2022

Signature 

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**JAN 31 2021**  
**BOONE COUNTY**  
**AUDITOR**



# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: February 16, 2022

Fixed Asset Tag Number:

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Description of Asset: 9 VHS Training and Educational Tapes

FEB 16 2021

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY  
AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: Out dated.

Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature

*Tara Eppy*

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Feb 26 2022

Signature *[Signature]*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/4/2022

Fixed Asset Tag Number: N/A

Description of Asset: Overhead cabinets (would need to be detached from the desk before going to surplus)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: Surplus

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MAR 04 2021

BOONE COUNTY  
AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: Excellent

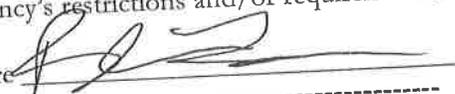
Reason for Disposition: Interferes with monitor arms, unused

Location of Asset and Desired Date for Removal to Storage: SE cubicle, Rm 217 (IT Programming); by 3/11/2022

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1173, IT Software Development

Signature 

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

G/L Account for Proceeds 1190-3836 Ha

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

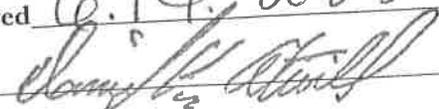
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 10.14.2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 1/20/2022

Fixed Asset Tag Number: 13238

Description of Asset: Chair Leap Blue

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Chair has broken arm rests and is very dirty/ poor condition

Reason for Disposition: Unrepairable and replaced with like unit x

Location of Asset and Desired Date for Removal to Storage: Road and Bridge Fleet Maintenance Operations

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2042 Road & Bridge Fleet Ops.

Signature Submitted by: Robert Sapp

**To be Completed by: AUDITOR**

Original Acquisition Date \_\_\_\_\_ <\$1,000

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

G/L Account for Proceeds 1190-3836 NA

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 1/14/2022

Signature [Signature]

RECEIVED

JAN 25 2021

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 03/09/2022

Fixed Asset Tag Number: 196

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MAR 09 2022  
BOONE COUNTY  
AUDITOR

Description of Asset: TWO DRAWER FILE CABINET

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): ART METAL

Condition of Asset: USED

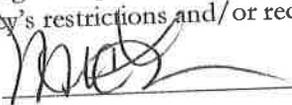
Reason for Disposition: NO LONGER USING

Location of Asset and Desired Date for Removal to Storage:

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121 COUNTY COMMISSION

Signature 

**To be Completed by: AUDITOR** < \$1,000

Original Acquisition Date \_\_\_\_\_

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

G/L Account for Proceeds 1190-3836 Ha

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

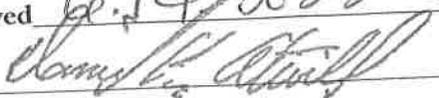
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 3.14.2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: FEBRUARY 2022

Fixed Asset Tag Number: 08583

RECEIVED

MAR 18 2022

BOONE COUNTY  
AUDITOR

Description of Asset: STENOGRAPH MACHINE, STENTURA 8000

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 8015726

Condition of Asset: OLD, TECHNOLOGY OBSOLETE

Reason for Disposition: TRADED IN ON NEW STENOGRAPH MACHINE (LUMINEX II)

Location of Asset and Desired Date for Removal to Storage:

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210-COURT REPORTERS

Signature *Dolly Cris*

To be Completed by: AUDITOR

Original Acquisition Date 4-8-1994

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \$2,795.00

Original Funding Source 2731

Account Group 1601

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature *Don H. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: FEBRUARY 2022

Fixed Asset Tag Number: 14311

Description of Asset: STENOGRAPH MACHINE, STENTURA 6000

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 8065711

Condition of Asset: OLD, TECHNOLOGY OBSOLETE

Reason for Disposition: TRADED IN ON NEW STENOGRAPH MACHINE (LUMINEX II)

Location of Asset and Desired Date for Removal to Storage: N/A

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210-COURT REPORTERS

Signature

**To be Completed by: AUDITOR**

Original Acquisition Date 3-25-2004

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \$3,417.00

Original Funding Source 2731

Account Group 1601

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 10.14.2022

Signature

RECEIVED

MAR 11 8 2022

BOONE COUNTY  
AUDITOR

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 3/21/22

Fixed Asset Tag Number: 0411

**RECEIVED**

**MAR 22 2022**

**BOONE COUNTY  
AUDITOR**

Description of Asset: metal bookcase

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: rusty, no shelving

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: R&B Tom Bass (Ready for disposal)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2040 Road & Bridge

Signature \_\_\_\_\_

**To be Completed by: AUDITOR**

Original Acquisition Date \_\_\_\_\_

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

G/L Account for Proceeds 1190-3836 HA

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Apr 14, 2022

Signature \_\_\_\_\_

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/21/22

Fixed Asset Tag Number: 12395

RECEIVED

MAR 22 2022

BOONE COUNTY  
AUDITOR

Description of Asset: metal cabinet

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: rusty, no shelving, no doors

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: R&B Tom Bass (Ready for disposal)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2040 Road & Bridge

Signature



To be Completed by: AUDITOR

Original Acquisition Date

<\$1,000

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

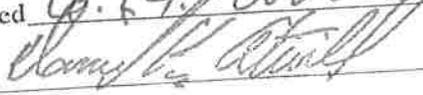
Individual \_\_\_\_\_

Trade Auction Scaled Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/21/22

Fixed Asset Tag Number: 12396

RECEIVED

Description of Asset: metal cabinet

MAR 22 2022

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: rusty, no shelving, no doors

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: R&B Tom Bass (Ready for disposal)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2040 Road & Bridge

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 4/1,000

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount /

Original Funding Source /

Account Group /

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade Auction Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/21/22

Fixed Asset Tag Number: 12399

Description of Asset: metal cabinet

RECEIVED

MAR 22 2022

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: rusty, shelving bent and rusted, doors bent

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: R&B Tom Bass (Ready for disposal)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2040 Road & Bridge

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date \_\_\_\_\_

G/I. Account for Proceeds \_\_\_\_\_

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

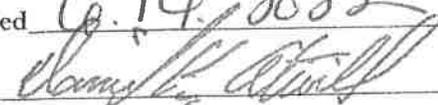
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252 - 2022

Date Approved 6.14.2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/21/22

Fixed Asset Tag Number: 12400

RECEIVED

MAR 22 2022

BOONE COUNTY  
AUDITOR

Description of Asset: metal cabinet

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: rusty, no shelving, doors falling off

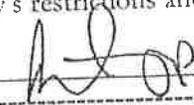
Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: R&B Tom Bass (Ready for disposal)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2040 Road & Bridge

Signature 

To be Completed by: AUDITOR

Original Acquisition Date \_\_\_\_\_ <\$1,000

G/L Account for Proceeds 1190-3836 ~~NO~~

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

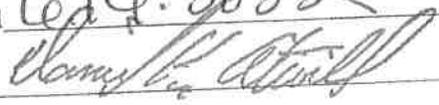
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved led 4. 2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 04/01/2022

Fixed Asset Tag Number:

Description of Asset: Rolling Office Chair

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Fair to Poor

Reason for Disposition: Was able to get free replacement chair in better condition

Location of Asset and Desired Date for Removal to Storage: Commission office, as soon as convenient

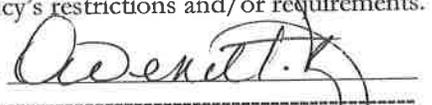
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1121

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

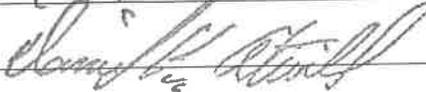
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature 

RECEIVED

APR 01 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

Date: 4/1/2022

Fixed Asset Tag Number: No tag

APR 04 2022

Description of Asset: Motor of shredding machine

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: broken

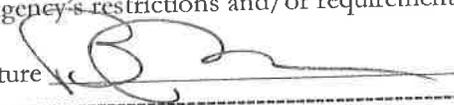
Reason for Disposition: No longer works

Location of Asset and Desired Date for Removal to Storage: Resource Management - ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1710 RM Land Use Planning

Signature 

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 41a

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

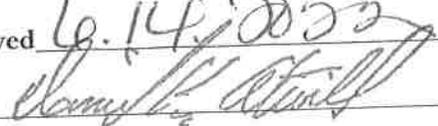
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

*Complete, sign, and return to Auditor's Office*

RECEIVED

APR 04 2022

BOONE COUNTY  
AUDITOR

Date: 4/1/2022

Fixed Asset Tag Number: No tag

Description of Asset: Desk chair with blue seat

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: broken

Reason for Disposition: No longer works

Location of Asset and Desired Date for Removal to Storage: Resource Management - ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1710 RM Land Use Planning

Signature

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 Na

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

APR 04 2022

BOONE COUNTY  
AUDITOR

Date: 4/1/2022

Fixed Asset Tag Number: No tag

Description of Asset: Black armless draft chair

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: fair

Reason for Disposition: Replaced

Location of Asset and Desired Date for Removal to Storage: Resource Management - ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1710 RM Land Use Planning

Signature

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252 - 2022

Date Approved Apr 14 2022

Signature [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

APR 04 2022

BOONE COUNTY  
AUDITOR

Date: 4/1/2022

Fixed Asset Tag Number: 04111

Description of Asset: Brown armless draft chair

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: fair/not sure can repair

Reason for Disposition: Replaced

Location of Asset and Desired Date for Removal to Storage: Resource Management - ASAP

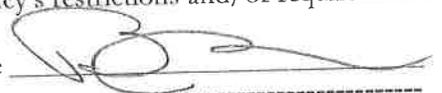
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1710 RM Land Use Planning

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date

N/A

G/L Account for Proceeds

1190-3836 HA

Original Acquisition Amount

Original Funding Source

Account Group

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer

Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade

Auction

Sealed Bids

Other

Explain \_\_\_\_\_

Commission Order Number

202-2022

Date Approved

Apr 1, 2022

Signature



**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 3/22/22

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset: 1 Blue stacking chair

Requested Means of Disposal:  Sell    Trade-In    Recycle/Trash    Other, Explain: \_\_\_\_\_

Other Information (Serial number, etc.): NA

Condition of Asset: good

Reason for Disposition: Not used

Location of Asset and Desired Date for Removal to Storage: Law Library / ASAP

Was asset purchased with grant funding?    YES    NO  
If "YES", does the grant impose restriction and/or requirements pertaining to disposal?    YES    NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature: *Barbara A. DeH...*

To be Completed by: AUDITOR   N/A

G/L Account for Proceeds: 1190-3836   HA

Original Acquisition Date: \_\_\_\_\_

Original Acquisition Amount: \_\_\_\_\_

Original Funding Source: \_\_\_\_\_

Account Group: \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_\_ Transfer   Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade   \_\_\_\_\_ Auction   \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other   Explain \_\_\_\_\_

Commission Order Number: 252-2022

Date Approved: 6.14.2022

Signature: *[Signature]*

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 3/22/22

Fixed Asset Tag Number:

Description of Asset: 1 Brown desk chair

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): # 06528

Condition of Asset: Poor

Reason for Disposition: Worn out - very old

Location of Asset and Desired Date for Removal to Storage: Law Library / ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature: *Barbara Heth*

To be Completed by: AUDITOR N/A

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 *HA*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *252 - 2022*

Date Approved *6.14.2022*

Signature: *Tommy R. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/22/22

Fixed Asset Tag Number:

Description of Asset: 2 Brown Padded Cafeteria Chairs

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): NA

Condition of Asset: Poor

Reason for Disposition: Torn

Location of Asset and Desired Date for Removal to Storage: Law Library/ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature: *Barbara A. DeWitt*

To be Completed by: AUDITOR N/A

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836

HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 2/14/2022

Signature: *Barbara A. DeWitt*

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 3/22/22

Fixed Asset Tag Number:

Description of Asset: 2 Juror chairs (Pink)

Requested Means of Disposal:  Sell    Trade-In    Recycle/Trash    Other, Explain:

Other Information (Serial number, etc.): NA

Condition of Asset: Good

Reason for Disposition: NOT used

Location of Asset and Desired Date for Removal to Storage: Law Library / ASAP

Was asset purchased with grant funding?    YES    NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?    YES    NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature: *Barbara Adelt*

**To be Completed by: AUDITOR**   N/A

G/L Account for Proceeds   1190-3836   Ha

Original Acquisition Date \_\_\_\_\_

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer   Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade   \_\_\_\_\_ Auction   \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other   Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature: *Barbara Adelt*

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 3/22/22

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset: Wooden Table (labeled)

Requested Means of Disposal:  Sell     Trade-In     Recycle/Trash     Other, Explain: \_\_\_\_\_

Other Information (Serial number, etc.): None

Condition of Asset: GOOD

Reason for Disposition: NOT USED

Location of Asset and Desired Date for Removal to Storage: Law Library / ASAP

Was asset purchased with grant funding?     YES     NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?     YES     NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature: *Barbara A. Deeth*

**To be Completed by: AUDITOR N/A**

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836    HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer    Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade    \_\_\_\_\_ Auction    \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other    Explain \_\_\_\_\_

Commission Order Number 252 - 2022

Date Approved 6.14.2022

Signature: *James L. Atwell*

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 4/13/22

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset: Stacking Chair

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**APR 13 2022**  
BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: \_\_\_\_\_

Other Information (Serial number, etc.): \_\_\_\_\_

Condition of Asset: Poor

Reason for Disposition: Broken Seat

Location of Asset and Desired Date for Removal to Storage: Law Library - Courthouse

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court Signature: Barbara A. Oeth

To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature: [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/22/22

Fixed Asset Tag Number:

Description of Asset: 3 sets Desk chair arms + hardware

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): None

Condition of Asset: New NOT USED

Reason for Disposition: NOT USED

Location of Asset and Desired Date for Removal to Storage:

Court Admin.  
Barbie's OFFICE / ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature

Barbara Aeth

To be Completed by: AUDITOR N/A

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836

Ha

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/22/22

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset: 2 leather briefcases

1-Softside 1-hard

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: \_\_\_\_\_

Other Information (Serial number, etc.): None

Condition of Asset: FAIR

Reason for Disposition: NOT USED

Location of Asset and Desired Date for Removal to Storage: Court Admin. Barbie's OFFICE/ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210

Signature: Barbara Adelt

To be Completed by: AUDITOR N/A

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 10-14-2022

Signature: [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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APR 13 2022

BOONE COUNTY  
AUDITOR

Date: 4/1/2022

Fixed Asset Tag Number: 17874

Description of Asset: TV 40" - Municipal Court

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): NA

Condition of Asset: Fair

Reason for Disposition: Routine Replacement

Location of Asset and Desired Date for Removal to Storage: Immediately *located in the municipal court admin office.*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature *Cindy Janett*

**To be Completed by: AUDITOR**

Original Acquisition Date 3/2/12

G/L Account for Proceeds 2901-3836 5

Original Acquisition Amount 556.01

Original Funding Source 2787

Account Group 1604

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Apr. 14, 2022

Signature *[Signature]*

CAPITAL

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 04/11/22

Fixed Asset Tag Number: 16367

Description of Asset: Industrial Dishwasher

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APR 11 2022

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Hobert Model 15 Serial #23-1100336

Condition of Asset: Poor

Reason for Disposition: Item has pieces beyond repair and requires parts that are no longer made

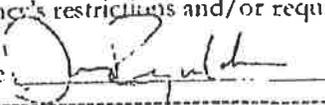
Location of Asset and Desired Date for Removal to Storage: Jail Kitchen. Dispose when new dishwasher arrives

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1255 - Dainon Reynolds

Signature: 

To be Completed by: AUDITOR

Original Acquisition Date: 9-11-07

G/L Account for Proceeds: 1190-3835 Ha

Original Acquisition Amount: \$8,862.00

Original Funding Source: 2731

Account Group: 1604

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

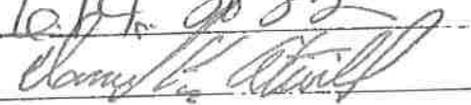
Individual \_\_\_\_\_

Trade  Auction  Scaled Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 10/11/22

Signature: 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: April 27, 2022

Fixed Asset Tag Number:

Description of Asset: 16 Books and 2 Binders

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: Torn, Missing Pages and Covers

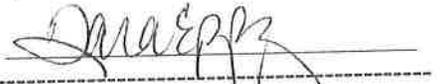
Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds

1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

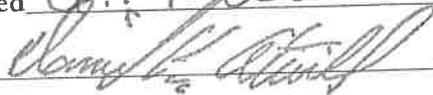
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature 

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APR 28 2022  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: April 11, 2022

Fixed Asset Tag Number: 11337

Description of Asset: Windsor Sensor SR15

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): H084768

Condition of Asset: Poor

Reason for Disposition: Has an electrical short

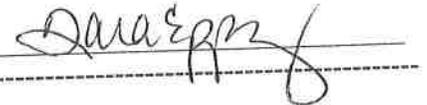
Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 3/31/98

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount 421.00

Original Funding Source 2731

Account Group 1604

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

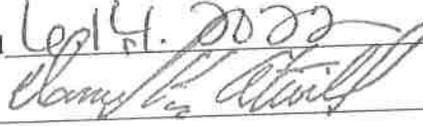
Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved April 4, 2022

Signature 

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APR 13 2022  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

*Complete, sign, and return to Auditor's Office*

Date: April 11, 2022

Fixed Asset Tag Number:

Description of Asset: Mainstays 4 Slice Toaster

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 4897074551950

Condition of Asset: Poor

Reason for Disposition: Does not work

Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature Tara Eppy

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount ↓

Original Funding Source ↓

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature [Signature]

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APR 13 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: April 4, 2022

Fixed Asset Tag Number:

Description of Asset: 6 metal & 5 plastic measuring spoons, metal ladel, cheese grater, plastic salad dressing tub

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: cracked, bent, and broken

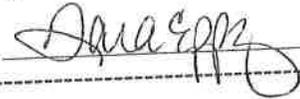
Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



To be Completed by: **AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount /

Original Funding Source /

Account Group /

To be Completed by: **COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

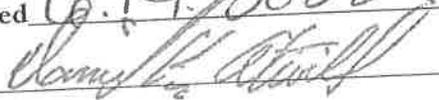
Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature 

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: April 4, 2022

Fixed Asset Tag Number:

Description of Asset: 3 red plastic juice cups, 1 tan plastic juice cup, 3 plastic plates, kitchen timer, stamp

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor

Reason for Disposition: cracked, scratched, and broken

Location of Asset and Desired Date for Removal to Storage: JJC asap

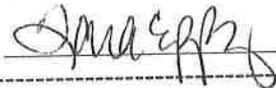
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount /

Original Funding Source /

Account Group /

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

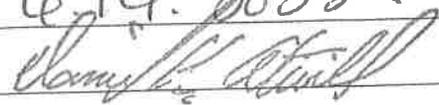
Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature 

RECEIVED  
APR 04 2022  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: February 23, 2022

Fixed Asset Tag Number: 18432

Description of Asset: Smart Board and Speakers

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): C1111150352

Condition of Asset: Poor

Reason for Disposition: Damaged beyond repair

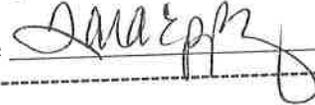
Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 4-11-2013

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$1,999.50

Original Funding Source 2731

Account Group 1604

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

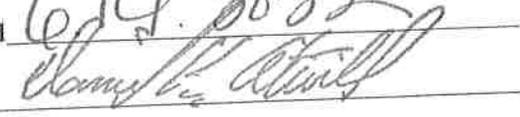
Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6/14/2022

Signature 

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MAR 01 2021

BOONE COUNTY  
AUDITOR



RE: JABG Grant item disposal Parks, Michelle to Haley, Cheli, Eppy, Tara 02/23/2022  
12:27 PM  
Cc "Berhorst, Connie"

Tara-  
Please see the information provided by our Financial and Administrative Guidelines. Based upon #1 of the policy, I do not believe there is any further obligation to Missouri Department of Public Safety. So, the agency may dispose of the equipment as they see fit.

**Disposition of Equipment**

Subrecipients shall dispose of equipment when original or replacement equipment acquired under the subaward is no longer needed for the original project, or for other activities currently or previously supported by the Missouri Department of Public Safety as follows:

1. Items with a current per-unit fair market value of \$5,000 or less may be retained, sold, or otherwise disposed of with no further obligation to the U.S. Department of Justice and/or Missouri Department of Public Safety.
2. Items with a current per-unit fair market value of more than \$5,000 may be retained or sold but the U.S. Department of Justice and/or Missouri Department of Public Safety shall have a right to an amount calculated by multiplying the current market value or proceeds from the sale by the U.S. Department of Justice's and/or Missouri Department of Public Safety's share of the equipment. The seller is also eligible for limited sale and handling costs of \$500 or 10% of the proceeds, whichever is less.
3. In cases where a Subrecipient fails to take appropriate disposition actions, the Missouri Department of Public Safety may direct the Subrecipient to make retribution for such equipment to the Missouri Department of Public Safety.

If you have any further questions, please let me know.

Thank you,

Michelle Parks  
Senior Program Specialist | Office for Victims of Crime  
Missouri Dept. of Public Safety | Office of the Director  
1101 N. Riverside Drive | P.O. Box 749 | Jefferson City, MO 65102  
phone: 573-751-5954 | fax: 573-751-5399

How are we doing? Please let us know here!

-----Original Message-----

From: Cheli.Haley@courts.mo.gov <Cheli.Haley@courts.mo.gov>  
Sent: Tuesday, February 8, 2022 8:21 AM  
To: Parks, Michelle <Michelle.Parks@dps.mo.gov>  
Subject: Fw: JABG Grant item disposal

file:///C:/Users/HALEYCHS/AppData/Local/Temp/notes03EBDE/~web8543.htm 2/23/2022

Page 3 of 4

To: Tara Eppy/13/Courts/Judicial@Judicial  
Date: 02/04/2022 11:54 AM  
Subject: Fw: JABG Grant Item disposal

It looks like all she is wanting is the purchase date which I do not have.

Smart Board  
Tag#: 18432  
Product Code ABV378E100  
Serial C1111150352

Projector  
Tag#: 18433  
PRM 35  
WPRM 353040658

Cheli Haley  
Juvenile Administrative Support  
Robert L. Perry Juvenile Justice Center  
5665 N. Roger I. Wilson Memorial Drive  
Columbia, Missouri 65202  
Phone: (573)886-4450  
Fax: (573)886-4461  
[cheli.haley@courts.mo.gov](mailto:cheli.haley@courts.mo.gov)

----- Forwarded by Cheli Haley/13/Courts/Judicial on 02/04/2022 11:39 AM

From: Tara Eppy/13/Courts/Judicial  
To: Cheli Haley/13/Courts/Judicial@JUDICIAL  
Date: 02/03/2022 10:27 AM  
Subject: Fw: JABG Grant item disposal

Can you please forward her the info on the smart board and projector items?

Thank you,

Tara Eppy  
Superintendent  
Robert L. Perry Juvenile Justice Center  
5665 Roger I. Wilson Memorial Drive  
Columbia, MO 65202  
573-886-4450  
[tara.eppy@courts.mo.gov](mailto:tara.eppy@courts.mo.gov)

----- Forwarded by Tara Eppy/13/Courts/Judicial on 02/03/2022 10:26 AM

file:///C:/Users/HALEYCHS/AppData/Local/Temp/notes03EBDE/~web8543.htm 2/23/2022

Michelle,  
Tara asked that I forward the following information to you,

Smart Board  
Tag#: 18432  
Product Code ABV378E100  
Serial C1111150352

Projector  
Tag#: 18433  
PRM 35  
WPRM 353040658

Purchased in 2012.

Cheli Haley  
Juvenile Administrative Support  
Robert L. Perry Juvenile Justice Center  
5665 N. Roger I. Wilson Memorial Drive  
Columbia, Missouri 65202  
Phone: (573)886-4450  
Fax: (573)886-4461  
[cheli.haley@courts.mo.gov](mailto:cheli.haley@courts.mo.gov)

----- Forwarded by Cheli Haley/13/Courts/Judicial on 02/08/2022 08:19 AM

From: Tara Eppy/13/Courts/Judicial  
To: Cheli Haley/13/Courts/Judicial@JUDICIAL  
Date: 02/07/2022 04:02 PM  
Subject: Re: Fw: JABG Grant item disposal

It was from the 2012 grant year.  
Thank you,

Tara Eppy  
Superintendent  
Robert L. Perry Juvenile Justice Center  
5665 Roger I. Wilson Memorial Drive  
Columbia, MO 65202  
573-886-4450  
[tara.eppy@courts.mo.gov](mailto:tara.eppy@courts.mo.gov)

From: Cheli Haley/13/Courts/Judicial

file:///C:/Users/HALEYCHS/AppData/Local/Temp/notes03EBDE/~web8543.htm 2/23/2022

Page 4 of 4

From: "Parks, Michelle" <Michelle.Parks@dps.mo.gov>  
To: "Eppy, Tara" <tara.eppy@courts.mo.gov>  
Date: 02/02/2022 02:26 PM  
Subject: RE: JABG Grant item disposal

Tara-  
Connie has forwarded me your email. Could you please let me know when the piece of equipment was purchased with the funding? Once I have this information, I will be able to provide additional information.

Thank you,

Michelle Parks  
Senior Program Specialist | Office for Victims of Crime Missouri Dept. of Public Safety | Office of the Director  
1101 N. Riverside Drive | P.O. Box 749 | Jefferson City, MO 65102  
phone: 573-751-5954 | fax: 573-751-5399

How are we doing? Please let us know here!

[cid:image001.png@01D7851C.11BEE76Dcid:image007.png@01D7851C.34B5DBD0](#)

From: Tara.Eppy@courts.mo.gov <Tara.Eppy@courts.mo.gov>  
Sent: Monday, January 31, 2022 2:39 PM  
To: Berhorst, Connie <Connie.Berhorst@dps.mo.gov>  
Subject: JABG Grant Item disposal

We have an old piece of equipment that was purchased with funding from a JABG. Do you know how we find out the disposal process for this item?

Thank you,

Tara Eppy  
Superintendent  
Robert L. Perry Juvenile Justice Center  
5665 Roger I. Wilson Memorial Drive  
Columbia, MO 65202  
573-886-4450  
[tara.eppy@courts.mo.gov](mailto:tara.eppy@courts.mo.gov)

file:///C:/Users/HALEYCHS/AppData/Local/Temp/notes03EBDE/~web8543.htm 2/23/2022

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02-03-2022

Fixed Asset Tag Number: NONE

Description of Asset: Lot of fuse panels, fuse blocks and fuse holders

RECEIVED

APR 06 2022

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY  
AUDITOR

Other Information (Serial number, etc.): Various makes, models and styles of 12v distribution components.

Condition of Asset: Fair to Good

Reason for Disposition: Old equipment removed from vehicle upfits.

Location of Asset and Desired Date for Removal to Storage: Annex Basement (D. Alexander)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff by D. Alexander

Signature David Alexander 2-3-2022

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4/4/2022

Signature David Alexander

RECEIVED  
JUN 01 2022  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 6-1-22 Fixed Asset Tag Number: NONE  
Description of Asset: MISC PARTS OF MODULAR OFC FURNITURE,  
PICKED UP FROM FORMER CITY OF COLUMBIA SURPLUS.  
Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:  
Other Information (Serial number, etc.): NONE  
Condition of Asset: WELL & TRULY USED UP - (No use to County)  
Reason for Disposition: REMOVED FROM SHELTER DONATED TO BCSD (Sheriff Annex)  
Location of Asset and Desired Date for Removal to Storage: AT BOONE COUNTY JOINT COMMS,  
Instructed by Dave Eagle to deliver to Metal Recycler, which has been done 6/1/22  
Was asset purchased with grant funding?  YES  NO  
If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2704 Radio network  
Signature: [Signature]

**To be Completed by: AUDITOR**  
Original Acquisition Date: N/A G/L Account for Proceeds: 1190-3836  
Original Acquisition Amount: [Signature]  
Original Funding Source: [Signature]  
Account Group: \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**  
Approved Disposal Method:  
\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_  
Location within Department \_\_\_\_\_  
Individual \_\_\_\_\_  
\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids  
\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number: 252-2022  
Date Approved: 6.14.2022  
Signature: [Signature]

\$3000.00

Smart Board complete without speakers  
Tag # ~~18432~~ 18432  
Product Code ABV 378 E100  
Serial C111180352

Purchased by grant in 2012

~~Projector~~ Projector PRM-35 #18433  
WPRM-353040658

Shelf for DVD/sat. dish  
30<sup>00</sup>

Norstar Phone A0409182 NT8B14AD-93  
M 7100 REL 09A  
35<sup>00</sup> 9436 960300  
SN NNTM04002CTE

\$200

TV Sanyo Model 0527930  
Serial V4310479563324  
MFD July 2004

1 Food tray  
1 Trash Can 4gallon

Books

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

*Complete, sign, and return to Auditor's Office*

Date: February 23, 2022

Fixed Asset Tag Number: 18433

Description of Asset: Projector

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): WPRM-353040658

Condition of Asset: Poor

Reason for Disposition: Damaged beyond repair

Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
 If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature *Dana Eppy*

**To be Completed by: AUDITOR** <\$1,000  
 Original Acquisition Date \_\_\_\_\_  
 Original Acquisition Amount \_\_\_\_\_  
 Original Funding Source \_\_\_\_\_  
 Account Group \_\_\_\_\_

G/L Account for Proceeds 1190-3836 HA

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_  
 Location within Department \_\_\_\_\_  
 Individual \_\_\_\_\_  
 \_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids  
 \_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Feb 14, 2022

Signature *Dana Eppy*

**RECEIVED**  
**MAR 01 2021**  
 BOONE COUNTY  
 AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

*Complete, sign, and return to Auditor's Office*

Date: May 12, 2022

Fixed Asset Tag Number:

Description of Asset: White 3 Ring Binder, Paperback Book, and Scissors

**RECEIVED**  
MAY 18 2022  
BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

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MAY 18 2022  
BOONE COUNTY  
AUDITOR

Condition of Asset: Poor

Reason for Disposition: Torn and Dull

**RECEIVED**

Location of Asset and Desired Date for Removal to Storage: JJC      asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242      Tara Eppy

Signature *Tara Eppy*

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 *J*

Original Acquisition Amount         

Original Funding Source         

Account Group         

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer      Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade       Auction       Sealed Bids

Other      Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.4.2022

Signature *[Signature]*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 03/21/2022

Fixed Asset Tag Number: N/A

Description of Asset: Overhead cabinet (would need to be detached from the desk before going to surplus)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: Surplus

Other Information (Serial number, etc.):

Condition of Asset: Excellent

Reason for Disposition: Interferes with monitors, unused

Location of Asset and Desired Date for Removal to Storage: SW cubicle, 3<sup>rd</sup> down row, Rm 217 (IT Programming); by 3/31/2022

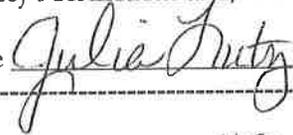
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1173, IT Software Development

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

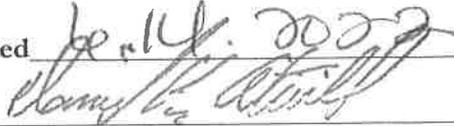
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Apr 14, 2022

Signature 

**RECEIVED**  
**MAR 22 2022**  
**BOONE COUNTY**  
**AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 03/21/2022

Fixed Asset Tag Number: N/A

Description of Asset: Overhead cabinet (would need to be detached from the desk before going to surplus)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: Surplus

Other Information (Serial number, etc.):

Condition of Asset: Excellent

Reason for Disposition: Interferes with monitors, unused

Location of Asset and Desired Date for Removal to Storage: Programming Manager's office, Rm 217 (IT Programming); by 3/31/2022

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1173, IT Software Development

Signature

*Julia Dutzy*

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 APL

Original Acquisition Amount /

Original Funding Source /

Account Group /

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature *[Signature]*

**RECEIVED**  
**MAR 22 2022**  
**BOONE COUNTY**  
**AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: March 2, 2022

Fixed Asset Tag Number:

Description of Asset: 4'L x 5'W x 5'3"H Office Cubicles with Desks (6)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Beige or Tan Color

Condition of Asset: Good

Reason for Disposition: Do not need or use anymore

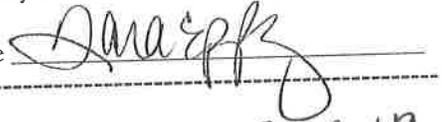
Location of Asset and Desired Date for Removal to Storage: JJC asap

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 RA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

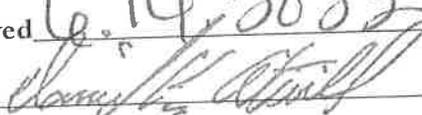
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 6.14.2022

Signature 

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MAR 08 2021

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02-03-2022

Fixed Asset Tag Number: NONE

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Description of Asset: Whelen Cencom Sapphire siren controller

APR 06 2022

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial Number: 01273

Condition of Asset: Good. Was working when removed from vehicle. Parts, including the wire harness components may be missing.

Reason for Disposition: Unit was replaced.

Location of Asset and Desired Date for Removal to Storage: Annex Basement (D. Alexander)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff by D. Alexander

Signature

*David Alexander* 02-03-2022

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount /

Original Funding Source /

Account Group /

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 10/14/2022

Signature *[Signature]*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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APR 06 2022

BOONE COUNTY  
AUDITOR

Date: 02-03-2022

Fixed Asset Tag Number: NONE

Description of Asset: Lot of miscellaneous flashlights and chargers (MagLite Halogen & Stinger Halogen)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Fair to poor. Some unit work, some do not. Parts may be missing. Not all lights have chargers. Not all units have batteries and not all batteries will be usable.

Reason for Disposition: Units have been replaced

Location of Asset and Desired Date for Removal to Storage: Annex Basement (D. Alexander)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251/1255 Sheriff by Alexander

Signature David Alexander 02-03-22

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature David Alexander

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02-03-2022

Fixed Asset Tag Number: NONE

Description of Asset: Lot of VHF mobile radio antenna whips and related parts

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Used, most are 5-10 years old.

Reason for Disposition: Items were removed from old vehicle upfits

Location of Asset and Desired Date for Removal to Storage: Annex Basement (D. Alexander)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff by D. Alexander

Signature David Alexander 2-3-2022

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 262-2022

Date Approved Feb 11, 2022

Signature [Signature]

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APR 06 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02-03-2022

Fixed Asset Tag Number: NONE

Description of Asset: Lot of ProGard (make), Tri-Lock Vertical Partition Mount (model) gun racks

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APR 06 2022

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Lot of 8 units.

Condition of Asset: Fair to good. Various keys and parts will be included, but some units may be missing parts or not work. Sold as-is.

Reason for Disposition: Units have been replaced and no longer fit in newer vehicles.

Location of Asset and Desired Date for Removal to Storage: Annex Basement (D. Alexander)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 Sheriff by D. Alexander

Signature David Alexander 2-3-22

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 Ha

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved Feb 4, 2022

Signature [Signature]

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 03/21/2022

Fixed Asset Tag Number: N/A

Description of Asset: Overhead cabinet (would need to be detached from the desk before going to surplus)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: Surplus

Other Information (Serial number, etc.):

Condition of Asset: Excellent

Reason for Disposition: Interferes with monitors, unused

Location of Asset and Desired Date for Removal to Storage: SE cubicle right inside door, Rm 217 (IT Programming); by 3/31/2022

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1173, IT Software Development

Signature Julia Dutz

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature [Signature]

**RECEIVED**

**MAR 22 2022**

**BOONE COUNTY  
AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 03/21/2022

Fixed Asset Tag Number: N/A

Description of Asset: Overhead cabinet (would need to be detached from the desk before going to surplus)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: Surplus

RECEIVED

Other Information (Serial number, etc.):

MAR 22 2022

Condition of Asset: Excellent

BOONE COUNTY  
AUDITOR

Reason for Disposition: Interferes with monitors, unused

Location of Asset and Desired Date for Removal to Storage: SE cubicle, Rm 217 (IT Programming); by 3/31/2022

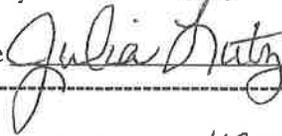
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1173, IT Software Development

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 AP

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

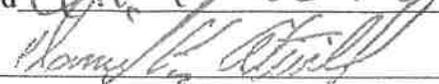
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 252-2022

Date Approved 4.14.2022

Signature 

253-2022

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

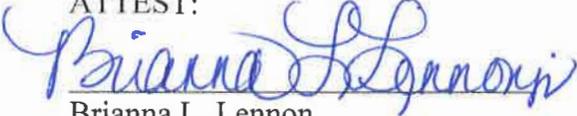
Term 20

In the County Commission of said county, on the 14th day of June 20 22

the following, among other proceedings, were had, viz:

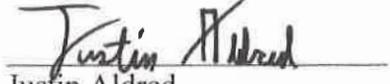
Now on this day, the County Commission of the County of Boone does hereby approve the Purchasing Departments request to dispose of the attached list of surplus pc's, peripheral equipment, unworking air conditioners, file cabinets, and other miscellaneous items through MRC Recycling Center.

Done this 14<sup>th</sup> day of June 2022.

ATTEST:  
  
Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Justin Aldred  
District I Commissioner



Janet M. Thompson  
District II Commissioner

**Boone County Purchasing**

**David Eagle**

Purchasing Assistant



613 E. Ash St.  
Columbia, MO 65201  
Phone: (573) 886-4394

**MEMORANDUM**

TO: Boone County Commission  
FROM: David Eagle  
RE: Computer and Peripheral Surplus Disposal  
DATE: May 27, 2022

The Purchasing Departments requests permission to dispose of the following list of surplus PC'S, peripheral equipment, unworking air conditioners, file cabinets, and other miscellaneous items through MRC Recycling Center. MRC Recycling will pick up our surplus for fifty dollars per load. Tubed monitors and TV's cost extra. There is also an extra charge for items with freon. They are a State of Missouri, DNR Level Four recycling center. No computer items are land-filled. Purchasing will obtain a Certificate of Destruction, and we will let them know that we want everything recycled, not reused so nothing ends up in the landfill.

Prior to Computer surplus coming to Purchasing for disposal, Information Technology has removed the hard drives for destruction by their department. Their procedure for PC disposal is:

Once all the data is copied or recovered for the user, IT removes the hard drive and memory from the PC. The memory is held to be used for upgrading other PCs at the county that can benefit. IT sometimes removes parts that can be used as spare if the model is current enough. (ie Power Supplies, Video Cards, etc.) The hard drive is held for a minimum of 30 days in case a user identifies something is missing. After 30 days IT may reuse the hard drive in other county PCs if there are failures. If a hard drive goes unused or fails and IT needs to physically dispose of it, they drill a 5/8" hole through the drive and the data platters. Once IT has collection of "drilled" drives, they deliver them to PC recycling vendor, MRC Recycling Center.

MRC Recycling Center certifies that they have picked up the following items and that all items will be recycled, not reused, so nothing ends up in the landfill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	18471	ETHERNET SWITCH	CISCO CATALYST 2960	SHERIFF	UNKNOWN	
2.	22816	PC WORKSTATION	WEST A9C	JOINT COMMUNICATIONS	UNKNOWN	RETURNED TO VENDOR

3.	24799	PC WORKSTATION	INTRADO A9C	INFORMATION TECHNOLOGY	UNKNOWN	RETURNED TO VENDOR
4.	NO TAGS	14 POWER CORDS AND 150 PNONE PATCH CABLES		INFORMATION TECHNOLOGY	UNKNOWN	
5.	19441	VIDEO CONFERENCING EQUIPMENT		SHERIFF	UNKNOWN	
6.	17903	SERVER NETWORK	HP PROLIANT DL 380	INFORMATION TECHNOLOGY	UNKNOWN	
7.	19447	TABLET	APPLE IPAD MINI 16G	HUMAN RESOURCES	UNKNOWN	OTHER MEANS OF DISPOSAL
8.	20422	TABLET	APPLE IPAD PRO 256GB	EMERGENCY MANAGEMENT	UNKNOWN	DESTROYED BY I.T.
9.	20423	TABLET	APPLE IPAD PRO 256GB	EMERGENCY MANAGEMENT	UNKNOWN	DESTROYED BY I.T.
10.	20424	TABLET	APPLE IPAD PRO 256GB	EMERGENCY MANAGEMENT	UNKNOWN	DESTROYED BY I.T.
11.	20425	TABLET	APPLE IPAD PRO 256GB	EMERGENCY MANAGEMENT	UNKNOWN	DESTROYED BY I.T.
12.	NO TAG	SCANNER	FUJITSU	INFORMATION TECHNOLOGY	UNKNOWN	
13.	NO TAG	MISC VIDEO READER CARDS		INFORMATION TECHNOLOGY	UNKNOWN	
14.	NO TAG	STAND		INFORMATION TECHNOLOGY	UNKNOWN	
15.	20089	LASER MONOCHROME PRINTER	KYOCERA	SHERIFF	UNKNOWN	
16.	19111	LAPTOP	PROBOOK 660	INFORMATION TEHCNOLOGY	UNKNOWN	
17.	19550	PC WORKSTATION	HP PRODESK	SHERIFF	UNKNOWN	
18.	20003	PC WORKSTATION	HP PRODESK 600	INFORMATION TECHNOLOGY	UNKNOWN	

19.	22821	SERVER NETWORK	HP PROLIANT DL 120	INFORMATION TECHNOLOGY	UNKNOWN	SENT BACK TO VENDOR
20.	18033	LASER MONOCHROME PRINTER		COLLECTOR	UNKNOWN	
21.	20497	PC WORKSTATION	HP PRODESK 600	INFORMATION TECHNOLOGY	UNKNOWN	
22.	20002	PC WORKSTATION	HP PRODESK 600	INFORMATION TECHNOLOGY	UNKNOWN	
23.	NO TAG	PRINTER		INFORMATION TECHNOLOGY	UNKNOWN	
24.	NO TAG	PRINTER		INFORMATION TECHNOLOGY	UNKNOWN	
25.	16931	COLOR LASER PRINTER	LEXMARK C544DN	INFORMATION TECHNOLOGY	UNKNOWN	
26.	18557	19" MONITOR	NEC LCD 195VX+	COUNTY CLERK	UNKNOWN	
27.	15812	17" LCD MONITOR	HP L1740	SHERIFF	UNKNOWN	
28.	22122	UPS		RADIO NETWORK	UNKNOWN	
29.	NO TAG	AC UNIT	G.E.	JOINT COMMUNICATIONS	UNKNOWN	
30.	NO TAG	KEYBOARD		JJC	UNKNOWN	
31.	19995	PC WORKSTATION		INFORMATION TECHNOLOGY	UNKNOWN	
32.	NO TAG	PRINTER		SHERIFF	UNKNOWN	
33.	NO TAG	USP BATTERY BACK UP		INFORMATION TECHNOLOGY	UNKNOWN	
34.	19586	PC WORKSTATION	HP PRODESK 600	INFORMATION TECHNOLOGY	UNKNOWN	
35.	23009	PC WORKSTATION	HP LELITEDESK 800 G3	SHERIFF	UNKNOWN	

36.	23140	LASER MONOCHROME PRINTER	KYOCERA M254DW	SHERIFF	UNKNOWN	
37.	20001	PC WORKSTATION	HP PRODESK 600	INFORMATION TECHNOLOGY	UNKNOWN	
38.	19999	PC WORKSTATION	HP PRODESK 600	INFORMATION TECHNOLOGY	UNKNOWN	
39.	16081	DOCUMENT SCANNER	FUITSU 5750C	COUNTY CLERK	UNKNOWN	
40.	18964	SERVER NETWORK	VIDYO DEV- SRV-PT-N2-QB	INFORMATION TECHNOLOGY	UNKNOWN	
41.	18963	SERVER NETWORK	VIDYO DEV- SRV-PT-N2-QA	INFORMATION TECHNOLOGY	UNKNOWN	
42.	18962	SERVER NETWORK	VIDYO DEV- SRV-RTR	INFORMATION TECHNOLOGY	UNKNOWN	
43.	18961	SERVER NETWORK	VIDYO DEV- SRV-PT-N2-QB	INFORMATION TECHNOLOGY	UNKNOWN	
44.	NO TAG	OFFICE JET RPO PRINTER	HP	INFORMATION TECHNOLOGY	UNKNOWN	

cc: Heather Acton, Jacob Flowers, Auditor Surplus File

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/14/2021

FIXED ASSET TAG NUMBER: 00018471

DESCRIPTION: CISCO CATALYST 2960  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

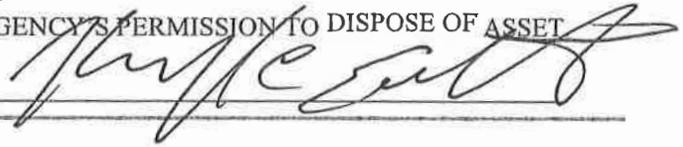
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET

DEPARTMENT: SHERIFF SIGNATURE: 

**RECEIVED**  
**DEC 14 2021**  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/06/14

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 2,607.10

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

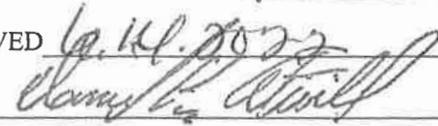
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/10/2021 FIXED ASSET TAG NUMBER: 00022816

DESCRIPTION: WEST A9C  
PC WORKSTATION

RECEIVED  
DEC 14 2021  
BOONE COUNTY  
AUDITOR

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: RETURNED TO VENDOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Returned to vendor

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 911/JOINT COMM OPERA SIGNATURE: [Signature]

### AUDITOR

ORIGINAL ACQUISITION DATE 2017/12/31

G/L ACCOUNT FOR PROCEEDS N/A Na

ORIGINAL ACQUISITION AMOUNT 8,585.58

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:  
 TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_  
LOCATION WITHIN DEPARTMENT \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12.14.2022

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/09/2021

FIXED ASSET TAG NUMBER: 00024799

DESCRIPTION: INTRADO A9C  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

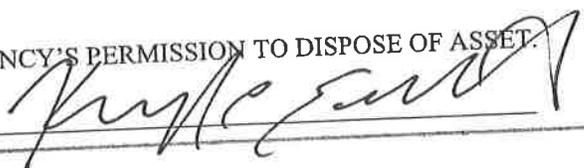
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: RETURNED TO VENDOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

RECEIVED  
DEC 15 2021  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2021/09/09

G/L ACCOUNT FOR PROCEEDS N/A

ORIGINAL ACQUISITION AMOUNT 15,507.87

ORIGINAL FUNDING SOURCE 2751

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12.14.2022

SIGNATURE 

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 1/28/22

Fixed Asset Tag Number: N/A

Description of Asset: 14 power cables & 150+ phone patch cables - 3 boxes

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): N/A

Condition of Asset: Used/un used

Reason for Disposition: Not needed

Location of Asset and Desired Date for Removal to Storage: Room 123-6C

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: IT

Signature [Handwritten Signature]

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 6.14.2022

Signature [Handwritten Signature]

RECEIVED

JAN 20 2021

BOONE COUNTY  
AUDITOR

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 1/20/22

Fixed Asset Tag Number: 19441

Description of Asset: Video conferencing equipment

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): FTP1432W050 - Polycom

Condition of Asset: ✓

Reason for Disposition: Not needed

Location of Asset and Desired Date for Removal to Storage: GC Room 123

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sherriff (was not in IT inventory)

Signature [Signature]

**To be Completed by: AUDITOR**

Original Acquisition Date 12-31-14

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$8,599.17

Original Funding Source 2731

Account Group 1604

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

     Transfer                      Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

     Trade                           Auction                           Sealed Bids

     Other                      Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 01/24/2022

Signature [Signature]

**RECEIVED**

**JAN 20 2021**

**BOONE COUNTY  
AUDITOR**

# BOONE COUNTY

CAPITAL

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/29/2021

FIXED ASSET TAG NUMBER: 00017903

DESCRIPTION: HP PROLIANT DL380  
SERVER NETWORK

RECEIVED

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

DEC 29 2021

OTHER INFORMATION: \_\_\_\_\_

BOONE COUNTY  
AUDITOR

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *[Signature]*

### AUDITOR

ORIGINAL ACQUISITION DATE 2012/03/08

G/L ACCOUNT FOR PROCEEDS 1190-3835 #a

ORIGINAL ACQUISITION AMOUNT 7,331.43

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12.14.2022

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 01/11/2022 FIXED ASSET TAG NUMBER: 00019447

DESCRIPTION: APPLE IPAD MINI 16G  
TABLET I OS

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Other means of disposal

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: HUMAN RESOURCES SIGNATURE: [Signature]

RECEIVED  
JAN 12 2022  
BOONE CO  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 398.37

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 353-2022

DATE APPROVED 01/14/2022

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/29/2021

FIXED ASSET TAG NUMBER: 00020422

DESCRIPTION: APPLE IPAD PRO 256GB  
TABLET I OS

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**RECEIVED**

OTHER INFORMATION: \_\_\_\_\_

**DEC 29 2021**

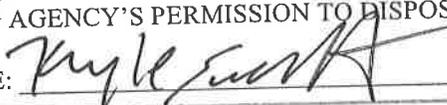
CONDITION OF ASSET: RESET TO FACTORY SETTINGS

**BOONE COUNTY  
AUDITOR**

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ! Destroy by IT

WAS ASSET PURCHASED WITH GRANT FUNDING? YES   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: EMERGENCY MGMT OPE SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/09/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 na

ORIGINAL ACQUISITION AMOUNT 984.88

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

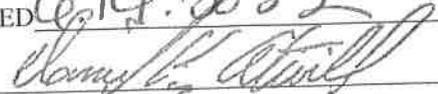
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/29/2021

FIXED ASSET TAG NUMBER: 00020423

DESCRIPTION: APPLE IPAD PRO 256GB  
TABLET I OS

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: RESET TO FACTORY SETTINGS

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Destroy by IT

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: EMERGENCY MGMT OPE SIGNATURE: [Signature]

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/09/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 984.88

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12/14/2022

SIGNATURE [Signature]

RECEIVED

DEC 29 2021

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/29/2021

FIXED ASSET TAG NUMBER: 00020424

DESCRIPTION: APPLE IPAD PRO 256GB  
TABLET IOS

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: RESET TO FACTORY SETTINGS

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Destroy by IT

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: EMERGENCY MGMT OPE SIGNATURE: *Phyllis Smith*

RECEIVED  
DEC 29 2021  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/09/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 984.88

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 12-14-2022

SIGNATURE *Phyllis Smith*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/29/2021

FIXED ASSET TAG NUMBER: 00020425

DESCRIPTION: APPLE IPAD PRO 256GB  
TABLET I OS

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: RESET TO FACTORY SETTINGS

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Destroy by IT

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: EMERGENCY MGMT OPE SIGNATURE: [Signature]

RECEIVED  
DEC 29 2021  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/09/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 984.88

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/29/21

Fixed Asset Tag Number: N/A

Description of Asset:

Fujitsu Fi-6230 scanner

RECEIVED

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

DEC 29 2021

Other Information (Serial number, etc.): 020450

BOONE COUNTY  
AUDITOR

Condition of Asset: Non-working

Reason for Disposition: /

Location of Asset and Desired Date for Removal to Storage: ASAP - GC Room 123

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

Signature 

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

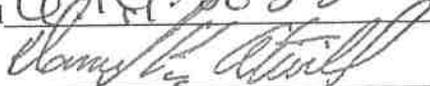
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 12/14/2021

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/29/21

Fixed Asset Tag Number: N/A

Description of Asset: Misc video/reader cards/PC components

RECEIVED

DEC 29 2021

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY  
AUDITOR

Other Information (Serial number, etc.):

Condition of Asset: P202164209, SG-0360MGT-12601-285-8209, B0212103307, 06629014760, PL6L622003543, PL6L622003543

Reason for Disposition:

No longer needed/working

Location of Asset and Desired Date for Removal to Storage: ASA-P-1h GC Room 173

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

Signature



To be Completed by: AUDITOR

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

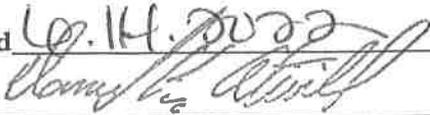
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 203-2822

Date Approved 12.14.2021

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 12/29/21

Fixed Asset Tag Number: N/A

Description of Asset: stand/frame desktop monitor

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

RECEIVED

DEC 29 2021

BOONE COUNTY  
AUDITOR

Other Information (Serial number, etc.): /

Condition of Asset: No longer needed

Reason for Disposition: /

Location of Asset and Desired Date for Removal to Storage: ASAP in GC Room 123

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

Signature: *[Handwritten Signature]*

**To be Completed by: AUDITOR**

Original Acquisition Date: N/A

G/L Account for Proceeds: 1190-3836 NA

Original Acquisition Amount: /

Original Funding Source: /

Account Group: /

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_ Trade \_\_\_ Auction \_\_\_ Sealed Bids

\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number: 2023-2022

Date Approved: 12.14.2022

Signature: *[Handwritten Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/16/2022

FIXED ASSET TAG NUMBER: 00020089

DESCRIPTION: KYOCERA FS-4020DN  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: DAMAGED BEYOND REPAIR

REASON FOR DISPOSITION: REPLACED BY VENDOR

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Sent back to vendor

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: \_\_\_\_\_

RECEIVED  
FEB 16 2021  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/04/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 633.20

ORIGINAL FUNDING SOURCE 2751

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 1/21/2022

FIXED ASSET TAG NUMBER: 00019111

DESCRIPTION: Laptop  
Probook 650

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: S/N: CNU410F6VQ

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: GC-Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Kyle Evanoff

**RECEIVED**

**JAN 24 2021**

**BOONE COUNTY  
AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 5/7/2014

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 1048.30

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED Jan 14, 2022

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/13/2021

FIXED ASSET TAG NUMBER: 00019550

DESCRIPTION: HP PRODESK 600 MINI  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE: [Signature]

RECEIVED  
JAN 21 2021  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2015/03/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 747.73

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 10/14/2022

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 08/24/2021 FIXED ASSET TAG NUMBER: 00020003

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

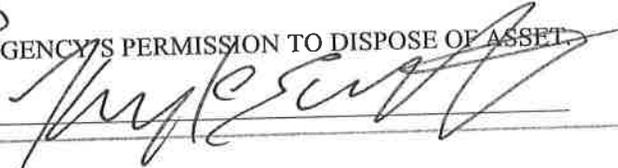
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

RECEIVED  
JAN 21 2021  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/05/19

G/L ACCOUNT FOR PROCEEDS 1190-3836 Na

ORIGINAL ACQUISITION AMOUNT 769.54

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

#### APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

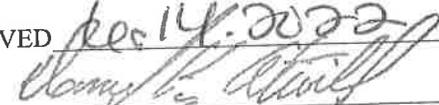
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED Dec 14, 2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/10/2022

FIXED ASSET TAG NUMBER: 00022821

DESCRIPTION: HP PROLIANT DL120  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: SENT BACK TO VENDOR *Warranty Replace*

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Sent to vendor

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

RECEIVED  
MAR 10 2022  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2017/12/31

G/L ACCOUNT FOR PROCEEDS N/A *He*

ORIGINAL ACQUISITION AMOUNT 5,295.35

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

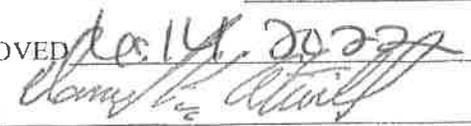
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 03.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/04/2022

FIXED ASSET TAG NUMBER: 00018033

DESCRIPTION: LEXMARK E360DN  
PRINTER LASER MONOCHROME

**RECEIVED**

APR 04 2022

BOONE COUNTY  
AUDITOR

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

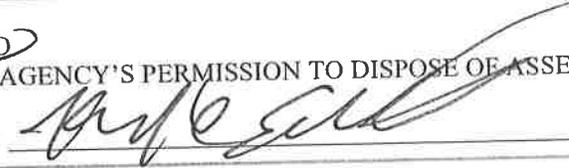
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 6/8/2012

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3896 Na

ORIGINAL ACQUISITION AMOUNT 551.85

ORIGINAL FUNDING SOURCE \_\_\_\_\_

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

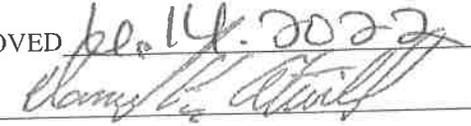
INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED Apr 14 2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/04/2022 FIXED ASSET TAG NUMBER: 00020497

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: [Signature]

**RECEIVED**  
APR 04 2022  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/10/27

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 740.06

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED April 4, 2022

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/06/2022

FIXED ASSET TAG NUMBER: 00020002

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**RECEIVED**

OTHER INFORMATION: \_\_\_\_\_

**APR 08 2022**

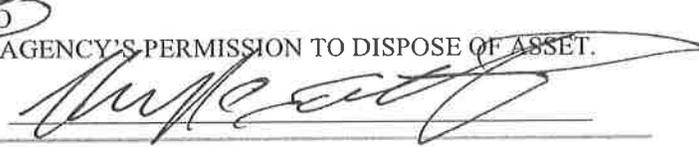
CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

**BOONE COUNTY  
AUDITOR**

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/05/19

G/L ACCOUNT FOR PROCEEDS 1190-3836HR

ORIGINAL ACQUISITION AMOUNT 769.54

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

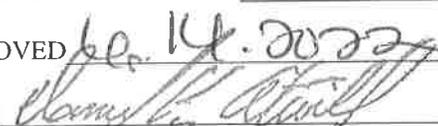
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED Apr 14, 2022

SIGNATURE 



# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 4/6/2022

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset:

Ubiquity Mandation MS device

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

1227KCCJFDE 229A0

Condition of Asset:

non-work

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: ASAP - Room 123

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

Signature [Signature]

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 4.14.2022

Signature [Signature]

RECEIVED

APR 06 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/14/2022

FIXED ASSET TAG NUMBER: 00016931

DESCRIPTION: LEXMARK C544DN  
PRINTER LASER COLOR

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

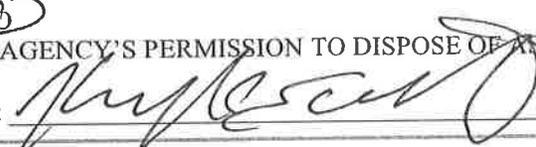
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 6/25/2009

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2009/07/31

G/L ACCOUNT FOR PROCEEDS 1190-38361A

ORIGINAL ACQUISITION AMOUNT 575.25

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

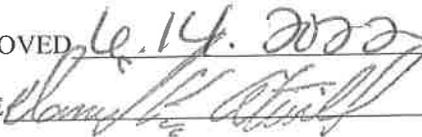
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/21/2022

FIXED ASSET TAG NUMBER: 00018557

DESCRIPTION: NEC LCD195VX+  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

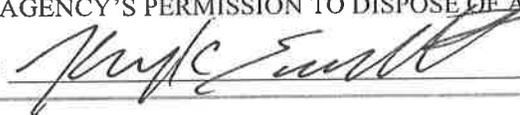
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 8/2/2013

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK SIGNATURE: 

**RECEIVED**  
**MAR 22 2022**  
**BOONE COUNTY**  
**AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/02/01

G/L ACCOUNT FOR PROCEEDS 1190-3836 XR

ORIGINAL ACQUISITION AMOUNT 1.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

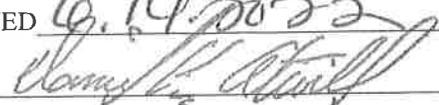
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/08/2022

FIXED ASSET TAG NUMBER: 00015812

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

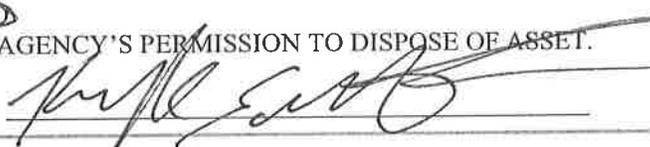
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: SENT TO SURPLUS

REASON FOR DISPOSITION: NON-WORKING

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/06

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 188.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

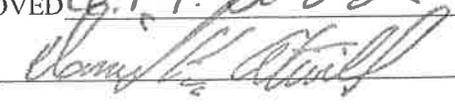
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 10.14.2022

SIGNATURE 

RECEIVED  
MAR 24 2022  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED  
MAR 03 2022  
BOONE COUNTY  
AUDITOR

Date: 3/3/22

Fixed Asset Tag Number: 22122

Description of Asset: UPS

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Ferrups 3.1 KVA

Condition of Asset: does not work

Reason for Disposition: destroyed in power surge 11/5/2020; repl purchased 2021

PO 2021-146  
SIL Communications

Location of Asset and Desired Date for Removal to Storage: ECC Support Bldg, Conact Jason Lowe 573-489-4085

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2704 Radio network

Signature \_\_\_\_\_

**To be Completed by: AUDITOR**

Original Acquisition Date 12-31-2016

G/L Account for Proceeds 2704-3836 NA

Original Acquisition Amount \$4,109.51

Original Funding Source 2790

Account Group 1604

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 6-14-2022

Signature [Handwritten Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED  
MAR 03 2022  
BOONE COUNTY  
AUDITOR

Date: 02/14/2022

Fixed Asset Tag Number: CITY OF COLUMBIA  
PUBLIC SAFETY JOINT COMMUNICATIONS  
#000148

Description of Asset: USED G.E. WALL A/C UNIT NO COUNTY TAG

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): MODEL/AJCS12DCB M2

Condition of Asset: SERIAL/LM 343192

Reason for Disposition: USED, WORN OUT, COMPRESSOR BAD

Location of Asset and Desired Date for Removal to Storage: USED, NO REPLACEMENT PARTS

Basement Entrance Door  
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: ROBERT SCHLINK  
BOONE COUNTY JOINT COMMUNICATIONS Signature: [Signature]

To be Completed by: AUDITOR Original Acquisition Date: N/A G/L Account for Proceeds: 1700-3836 NA

Original Acquisition Amount

Original Funding Source

Account Group

### To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

Transfer Department Name Number

Location within Department

Individual

Trade Auction Sealed Bids

Other Explain

Commission Order Number 253-2022

Date Approved 02/14/2022

Signature [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 01/31/2022

Fixed Asset Tag Number:

Description of Asset: HP Keyboard

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): BDMGH0CUEA10DC

Condition of Asset: Poor

Reason for Disposition: Number keys no longer work

Location of Asset and Desired Date for Removal to Storage: JJC asap

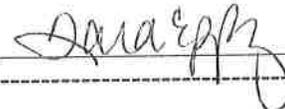
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Tara Eppy

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 Na

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

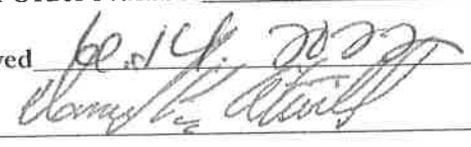
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 02.14.2022

Signature 

RECEIVED

JAN 31 2021

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2022 FIXED ASSET TAG NUMBER: 00019995

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

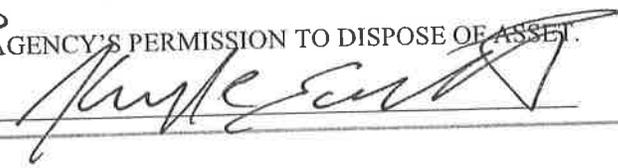
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY SIGNATURE: 

**RECEIVED**  
**MAY 03 2022**  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/05/19 G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 769.54

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

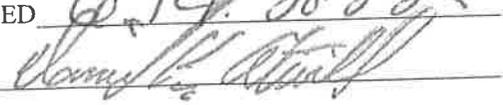
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6-14-2022

SIGNATURE 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 5/2/22

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset: Badge Card Printer

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): CD200 148

Condition of Asset: Non-working/no longer needed.

Reason for Disposition: \_\_\_\_\_

Location of Asset and Desired Date for Removal to Storage: GC - Room 123

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff

Signature: \_\_\_\_\_

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 5

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 6/14/2022

Signature: \_\_\_\_\_

RECEIVED

MAY 03 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 5/2/22

Fixed Asset Tag Number: \_\_\_\_\_

Description of Asset: UPS Battery Backup

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 4B 0832 P42 536

Condition of Asset: \_\_\_\_\_

Reason for Disposition: \_\_\_\_\_

Location of Asset and Desired Date for Removal to Storage: GC Room 127

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: \_\_\_\_\_

Signature [Signature]

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount \_\_\_\_\_

Original Funding Source [Signature]

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 6/14/2022

Signature [Signature]

RECEIVED

MAY 03 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2022

FIXED ASSET TAG NUMBER: 00019586

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP-In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: [Signature]

### AUDITOR

ORIGINAL ACQUISITION DATE 2015/03/26

G/L ACCOUNT FOR PROCEEDS 2705-3836

ORIGINAL ACQUISITION AMOUNT 636.54

ORIGINAL FUNDING SOURCE 2790

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2822

DATE APPROVED 05.14.2022

SIGNATURE [Signature]

RECEIVED  
MAY 03 2022  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2022

FIXED ASSET TAG NUMBER: 00023009

DESCRIPTION: HP ELITEDESK 800 G3  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET

DEPARTMENT: SHERIFF

SIGNATURE: 

RECEIVED  
MAY 03 2022  
BOONE COUNTY  
AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2018/09/24

G/L ACCOUNT FOR PROCEEDS 1190-3836 *J*

ORIGINAL ACQUISITION AMOUNT 834.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

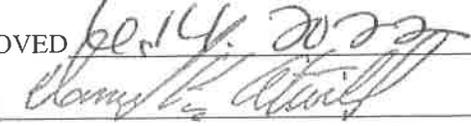
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/18/2022

FIXED ASSET TAG NUMBER: 00023140

DESCRIPTION: KYOCERA M2540DW  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**RECEIVED**  
**MAY 03 2022**  
BOONE COUNTY  
AUDITOR

OTHER INFORMATION: \_\_\_\_\_

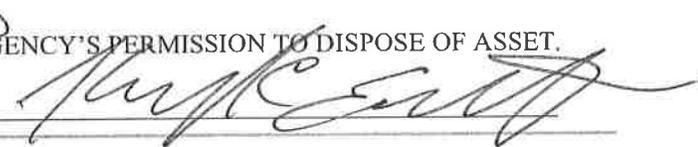
CONDITION OF ASSET: PURCHASED 12/12/2018

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2018/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 J

ORIGINAL ACQUISITION AMOUNT 768.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

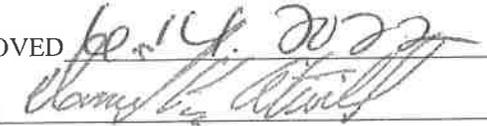
INDIVIDUAL \_\_\_\_\_

TRADE       AUCTION       SEALED BIDS

OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2822

DATE APPROVED 6-14-2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/26/2022

FIXED ASSET TAG NUMBER: 00020001

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/05/19

G/L ACCOUNT FOR PROCEEDS 1190-3836 *J*

ORIGINAL ACQUISITION AMOUNT 769.54

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

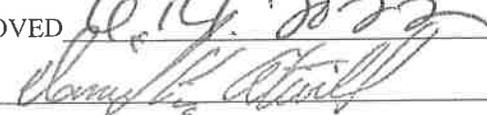
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/26/2022

FIXED ASSET TAG NUMBER: 00019999

DESCRIPTION: HP PRODESK 600  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2016/05/19

G/L ACCOUNT FOR PROCEEDS 1190-3836 5

ORIGINAL ACQUISITION AMOUNT 769.54

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

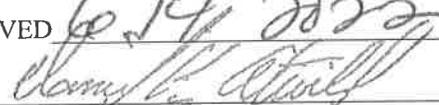
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6-14-2022

SIGNATURE 

RECEIVED

MAY 02 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/25/2022

FIXED ASSET TAG NUMBER: 00016081

DESCRIPTION: FUJITSU 5750C  
SCANNER DOCUMENT

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

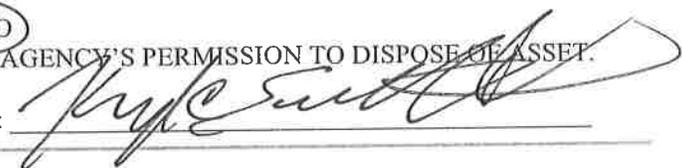
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 3/8/2007

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/27

G/L ACCOUNT FOR PROCEEDS 2800 - 3835 J

ORIGINAL ACQUISITION AMOUNT 6,311.05

ORIGINAL FUNDING SOURCE 2780

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

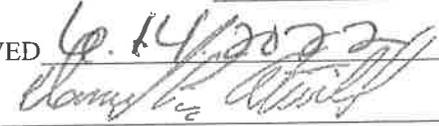
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 4.14.2022

SIGNATURE 

**RECEIVED**  
**MAY 02 2022**  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/26/2022

FIXED ASSET TAG NUMBER: 00018964

DESCRIPTION: VIDYO DEV-SRV-PT-N2-OB  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

**RECEIVED**

**MAY 02 2022**

BOONE COUNTY  
AUDITOR

**AUDITOR**

ORIGINAL ACQUISITION DATE 2015/11/19

G/L ACCOUNT FOR PROCEEDS 2010-3935 *J*

ORIGINAL ACQUISITION AMOUNT 10,222.79

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

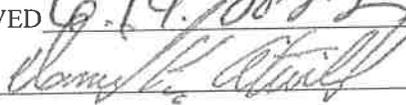
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/26/2022 FIXED ASSET TAG NUMBER: 00018963

DESCRIPTION: VIDYO DEV-SRV-GW-XL-N2-OA  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2015/11/19

G/L ACCOUNT FOR PROCEEDS 2010-3836 *J*

ORIGINAL ACQUISITION AMOUNT 6,199.39

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

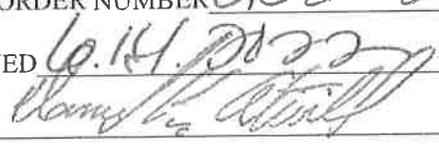
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

RECEIVED

MAY 02 2022

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/26/2022

FIXED ASSET TAG NUMBER: 00018962

DESCRIPTION: VIDYO DEV-SRV-RTR  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP- In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2015/11/19

G/L ACCOUNT FOR PROCEEDS 2010-3836 *J*

ORIGINAL ACQUISITION AMOUNT 6,199.39

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 6.14.2022

SIGNATURE 

**RECEIVED**

**MAY 02 2022**

**BOONE COUNTY  
AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/26/2022

FIXED ASSET TAG NUMBER: 00018961

DESCRIPTION: VIDYO DEV-SRV-PT-N2-OB  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**RECEIVED**

OTHER INFORMATION: \_\_\_\_\_

**MAY 02 2022**

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

BOONE COUNTY  
AUDITOR

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP-In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

**AUDITOR**

ORIGINAL ACQUISITION DATE 2015/11/19

G/L ACCOUNT FOR PROCEEDS 2010-3836 J

ORIGINAL ACQUISITION AMOUNT 7,439.27

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

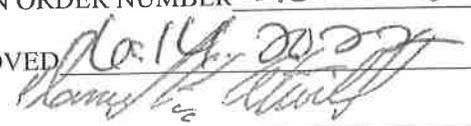
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 253-2022

DATE APPROVED 04/14/2022

SIGNATURE 

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 4/14/22 Fixed Asset Tag Number: N/A

**RECEIVED**

Description of Asset: HP office Jet Pro 8100

**APR 18 2022**

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

**BOONE COUNTY  
AUDITOR**

Other Information (Serial number, etc.): CND44F0082

Condition of Asset:

Reason for Disposition: Not needed

Location of Asset and Desired Date for Removal to Storage: ASAP- GC Room 123

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: IT

Signature: [Signature]

**To be Completed by: AUDITOR**

Original Acquisition Date N/A

G/L Account for Proceeds 1190-3836 J

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 253-2022

Date Approved 6.14.2022

Signature: [Signature]