



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION**  
**DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY**



**Equipment Disposition Request Form**

(rev. August 2025)

Grant Year Purchased	Equipment (make and model)	Condition	Original Price	Current Fair Market Value	Reason for Disposition	Disposition Method* <i>(sale, transfer, disposal, etc.)</i>	Cost Benefit Analysis <i>(Y/N)</i>	Maintained with HSGP Funds? <i>(Y/N)</i>
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				

**Comments:** \* If transferring or selling equipment, please identify the new custodial owner in the comments and if the equipment will remain as a regional or state homeland security asset.

Current Custodial Owner: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name & Title: \_\_\_\_\_

New Custodial Owner: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name & Title: \_\_\_\_\_  
*(if applicable)*

Fiduciary Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name & Title: \_\_\_\_\_

Regional Coordinator: \_\_\_\_\_ Program Manager: \_\_\_\_\_ Ops/Logs Manager: \_\_\_\_\_

**\*please note: if equipment is remaining as an HSGP asset, a new custodial MOA will be required following the approval of disposition by DEMHS**

For more information on equipment disposition please visit this link: [Equipment Disposition Under a Federal Award \(eCFR\)](#)