

Marin County Aging and Adult Services
AREA AGENCY ON AGING PROPERTY, ASSET, AND INVENTORY
CONTROL AND TRACKING FORM

INSTRUCTIONS: This form is to be completed whenever property, asset, or inventory is acquired using funds from the Area Agency on Aging (AAA). Property, asset, or equipment is defined as anything tangible or intangible that has a useful life of **one or more years** and has an acquisition cost of **\$500 or more per unit**. A **minimum of two bids** must be obtained for the purchase of property, asset, or inventory with an acquisition cost of \$500 or more per unit. Proof of purchase/receipt and bids (for purchases of \$500 or more per unit) must be submitted with this form for all new purchases. This form must also be completed when transferring property, asset, or inventory between providers.

Agency:	Today's Date:
Contact Name:	Title:
Phone:	E-Mail:

FOR BRAND NEW PURCHASES, COMPLETE BELOW

Date of Purchase: _____ Name of Item: _____

Model Number: _____ Manufacturer/Make: _____

Color: _____ Size: _____

Cost Per Unit: _____ Quantity: _____ Total Cost: _____

Amount of AAA Funds Used for this Purchase: _____

AAA Tag/Control #: _____ Serial #: _____

Description of the property, asset, or inventory: _____

Address Where Property, Asset, or Inventory is Located: _____

Contact Name: _____ Phone: _____

E-Mail: _____ Fax: _____

FOR TRANSFERRED PROPERTY, ASSET, OR INVENTORY, COMPLETE BELOW

Date of Transfer: _____ Name of Item: _____

Model Number: _____ Manufacturer/Make: _____

Color: _____ Size: _____

Transferred From (Agency): _____

AAA Tag/Control #: _____ Serial #: _____

Condition at Acquisition: Excellent Good Not Working In Repair

Description of the property, asset, or inventory: _____

Address Where Property, Asset, or Inventory is Located: _____

Contact Name: _____ Phone: _____

INSURANCE INFORMATION: ALL AGENCIES COMPLETE BELOW

E-Mail: _____ Fax: _____

Insurer: _____ Broker/Agent: _____

Address: _____

Policy #: _____ Face Value: _____

Is the AAA a Co-Beneficiary? Yes No

CERTIFICATION

I hereby certify that the information reported is a true statement that agrees with the amounts shown on our official records in compliance with the **AAA Policy Aging 03:**

Property Management

Authorized By: _____ Title: _____

Signature: _____ Date: _____