Attachment D

INVENTORY OF RESIDUAL SUPPLIES

Unused/Residual Supplies Purchased with Federal Funds with an Aggregate Fair Market Value Exceeding $5,000

(If the estimated Fair Market Value is less than $5,000, title rests in the grantee and no inventory is necessary)

Official Signature:_____

Printed Name:_____

Title:_____

Telephone Number:_____

Grant Number: _____

Date of submission:_____

Is this program continuing beyond the expiration date of this CNS grant? ____Yes ____No

If above answer is YES, does the grantee request the continued use of all or part of the supplies? _____Yes (identify all such supplies below by marking them with a double **) _____No

or

Does the grantee request the use of the supplies on other federally supported activities? _____Yes _____No

Items Description	**Location/Site**	**Current Fair Market Value**	**Final Authorized Disposition/Date**

* Total_____

*Total must exceed $5,000

If the grantee does not request continued use of the supplies, the Corporation will issue disposition instructions upon receipt of the inventory.