HPNAP Capital Equipment (C.E.) Transfer/Disposal Form
For Emergency Food Programs (EFP)

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

Section 1

Agency Name: .......................................................... Account Number: .................................
Address: .................................................................................................................................

Type of Equipment: ................................................................. Make: .................................................. Model: ..................................................
Serial Number: ................................................................. Condition: ..................................................
Date Purchased: ................................................................. Purchase Price: .........................................

Request to:
_____ Transfer equipment to another agency (Equipment is in good working condition)
_____ Dispose of equipment

Check all that apply:
_____ Equipment is more than ten years old
_____ Equipment does not work
_____ Estimated cost to repair $____ (You must include a repair estimate)
_____ Repair estimate included (Required if requesting disposal for equipment less than ten years old)

Additional comments and/or justification: ...........................................................
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........................................................................................................................................

Completed by: ................................................................. Date: ................................. Phone Number: .................................................................
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Section 2

HPNAP Contractor Name: Food Bank of Central New York

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

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

Completed by: ................................................................. Date: .................................
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Section 3

For HPNAP contract manager:

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

_____ Approved

_____ Not Supported

Reason: ........................................................................................................................................

Contract Manager: ........................................................ Signature: .................................................. Date: .................................