**EQUIPMENT CONFIRMATION FORM**

This document confirms that the below named Grantee received technical assistance from CRDF Global in the form of equipment. Equipment is defined as any item with a value over USD $1,000 per unit and with a usable life exceeding 1 year. Supplies are defined as any item with a value less than USD $1,000 per unit.

|  |  |
| --- | --- |
| CRDF Global Grant Number: |  |
| Principal Investigator: |  |
| Institution |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Units | Description of Equipment | Cost  Local Currency | Cost  USD$ | Serial Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Units | Description of Supplies | Cost  Local Currency | Cost  USD$ |
|  |  |  |  |
|  |  |  |  |

Title to Equipment and other property acquired under the Grant will vest in the Grantee unless otherwise directed by CRDF Global in writing. The Grantee confirms that all Equipment will remain available to the Institute and used for the purposes described in the Grant Agreement, and may not be sold, leased, mortgaged or otherwise transferred, unless granted by CRDF Global in writing. The Equipment will be maintained at the premises of the Grantee or an authorized collaborator, as appropriate, and will remain accessible for viewing, examination or audit. The Grantee shall ensure that all Equipment and other property provided under the Grant is maintained in a manner consistent with its specifications and reasonable care, security and maintenance. Use of any Equipment or other property acquired under this Agreement by military end-users or for military purposes is expressly prohibited. By completing this form, the Grantee confirms that the equipment has been received by the Grantee and recorded on the Grantee’s formal inventory record or general ledger.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| Signature of Principal Investigator | |  | Signature of Institutional Representative | |
| Print Name of Principal Investigator | |  | Print Name of Institutional Representative | |
|  |  |  |  |  |
| Date | |  | Date | |