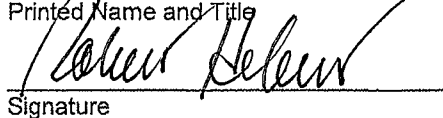


**Governor's Division of Emergency Management
State Administrative Agency
Homeland Security Grant Program
Property Transfer Record Agreement**

Transferred From: Fort Bend County
Name of Organization (Homeland Security Grant Sub-Recipient)

301 Jackson Street, Richmond, Texas, 77469
Street/Mailing Address, City, County, Zip

Robert E. Hebert, County Judge
Printed Name and Title

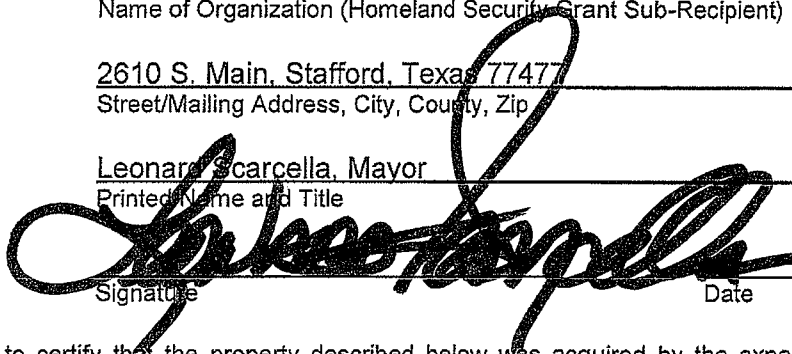

Signature

10-22-13
Date

Transferred To: City of Stafford
Name of Organization (Homeland Security Grant Sub-Recipient)

2610 S. Main, Stafford, Texas 77477
Street/Mailing Address, City, County, Zip

Leonard Scarcella, Mayor
Printed Name and Title


Signature

2 Oct. '13
Date

This is to certify that the property described below was acquired by the expenditure of 2011 Homeland Security Grant Program funds awarded to the above named Homeland Security Grant Sub-Recipient (Grantor). The jurisdiction/organization receiving the property (Grantee) certifies that they have knowledge of the laws, rules and regulations of the aforementioned grant for the year of the award. The Grantee further certifies that they agree to be bound by all the contract covenants and exhibits to the Grantor's Sub-Recipient agreement and any modifications or amendments to that agreement as if they were written here. The Grantor and Grantee further certify that they are duly authorized and empowered by their governing body to enter into this agreement. The Grantor further certifies that the Grantee has complied with all State and Federal eligibility requirements.

Property being Transferred:

Item description:	Foam Trailer
Quantity:	1
Model Number:	AFT-500-OS
Acquisition Date:	July 18, 2013
Unit Cost:	\$85,222.00

PROFORMA INVOICE

BILL TO:

Fort Bend Emergency Management
County Auditor
301 Jackson
Richmond, TX 77469

SHIP TO:

Fort Bend Emergency Management
County Auditor
301 Jackson
Richmond, TX 77469

Cust No:	Order No:	Order Date:	Cust PO No:	Mfg Loc:	Salesperson:
60356	112156	04/23/2013	101848	10	130

Item Number

Item Description

Quantity Ordered

Quantity Shipped

Unit Cost

Ext Cost

660-0051

1

1

\$85222.00

\$85222.00

Foam Trailer Assembly
500 Gallon Capacity

Balance Due:

\$85222.00

CERTIFICATE OF ORIGIN FOR A VEHICLE

FIRE-1 MANUFACTURING INCORPORATED

DATE 7-18-2013

INVOICE NO. 1160

VEHICLE IDENTIFICATION NO.
1S9FT1922D0407258
BODY TYPE

YEAR
2013

MAKE
Foam Trailer
SHIPPING WEIGHT

TANK

1,950 lbs.

H.P. (S.A.E.)

G.V.W.R.

NO CYLS.

SERIES OR MODEL

N/A

10,000 lbs.

N/A

AFT-500-OS

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER ETC.

United Plastic Fabricating, Inc.
165 Flagship Drive
North Andover, MA 01845

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

FIRE-1 MANUFACTURING INCORPORATED

BY:

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(AGENT)

Z04226678

MENDON, MASSACHUSETTS 01756

CITY - STATE

Each undersigned seller certifies to the best of his knowledge, information, and belief under penalty of law that the vehicle is new, and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein, and warrants title to the vehicle. FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO:	
DISPOSITION DEALER ASSIGNMENT NUMBER 1	NAME OF PURCHASER(S) <u>Fort Bend County</u> ADDRESS <u>301 Jackson Street, Richmond TX 77469</u> certify to the best of my knowledge that the odometer reading is <u>Zero</u> DEALER <u>United Pacific Fabricating, Inc.</u> BY: <u>[Signature]</u> No Tenth <small>NAME OF DEALER DEALER LICENSE NUMBER</small> State of <u>Massachusetts</u> County of <u>Essex</u> Being duly sworn upon oath say that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
DISPOSITION DEALER ASSIGNMENT NUMBER 2	NAME OF PURCHASER(S) _____ ADDRESS _____ certify to the best of my knowledge that the odometer reading is _____ DEALER _____ BY _____ No Tenth <small>NAME OF DEALER DEALER LICENSE NUMBER</small> State of _____ County of _____ Being duly sworn upon oath say that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
DISPOSITION DEALER ASSIGNMENT NUMBER 3	NAME OF PURCHASER(S) _____ ADDRESS _____ certify to the best of my knowledge that the odometer reading is _____ DEALER _____ BY _____ No Tenth <small>NAME OF DEALER DEALER LICENSE NUMBER</small> State of _____ County of _____ Being duly sworn upon oath say that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
DISPOSITION DEALER ASSIGNMENT NUMBER 4	NAME OF PURCHASER(S) _____ ADDRESS _____ certify to the best of my knowledge that the odometer reading is _____ DEALER _____ BY _____ No Tenth <small>NAME OF DEALER DEALER LICENSE NUMBER</small> State of _____ County of _____ Being duly sworn upon oath say that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
USE NOTARIZATION ONLY IF REQUIRED IN TITLE JURISDICTION	
COMPLETED HERE FOR RETAIL SALE	Federal Law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to comply or providing a false statement may result in fines and/or imprisonment. certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked. Odometer Reading: _____ No Tenth. <input type="checkbox"/> The mileage stated is in excess of its mechanical limit. <input type="checkbox"/> The odometer reads a not the actual mileage. WARNING ODOMETER DISCREPANCY Signature(s) of Seller(s) _____ Date of Statement _____ Date of Sale _____ Printed Name(s) of Seller(s) _____ Dealer's No. _____ Being duly sworn upon oath say that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Signature of Purchaser(s) _____ Notary Public Printed Name(s) of Purchaser(s) _____ Signature Name (if Applicable) _____ State of _____ Address of Purchaser(s) _____ County of _____ Notary Public
USE NOTARIZATION ONLY IF REQUIRED IN TITLE JURISDICTION	
LIENHOLDER	1st lien in favor of _____ whose address is _____ 2nd lien in favor of _____ whose address is _____