

**TEXAS DEPARTMENT OF PUBLIC SAFETY  
TEXAS HOMELAND SECURITY STATE ADMINISTRATIVE AGENCY (THSSAA)**

**ANNUAL INVENTORY CONTROL REQUIREMENT**

|   |   |                          |
|---|---|--------------------------|
| Name of Jurisdiction: <b>FORT BEND COUNTY</b>   |   | Date: <b>MAY 5, 2015</b> |
| <i>INSTRUCTIONS: Please initial on the left to certify each of the following statements. All four sections must be certified to be fully compliant. Please return completed document by June 30 to THSSAA monitoring at:<br/>Fax-512-206-3137 or email <a href="mailto:SAAMonitoring@dps.texas.gov">SAAMonitoring@dps.texas.gov</a></i> |   |                          |
| <b>I. Controlled and Capital Assets Acknowledgement</b>   |   |                          |
| Initial here to certify:<br>   | My jurisdiction has listed all required homeland security grant funded assets on our local inventory in accordance with THSSAA information Bulletin No. 12-004.<br><a href="http://www.txdps.state.tx.us/director_staff/saa/documents/saa12-004.pdf">http://www.txdps.state.tx.us/director_staff/saa/documents/saa12-004.pdf</a>  |                          |
| <b>II. Tagging of Grant Funded Assets</b>   |   |                          |
| Initial here to certify:<br>   | My jurisdiction has tagged all Homeland Security grant funded assets in accordance with THSSAA Information Bulletin No. 12-004 including the name of the jurisdiction and a unique identifying number.  |                          |
| <b>III. Equipment Inventory Requirements</b>  |   |                          |
| Initial here to certify:<br>  | My jurisdiction maintains a physical inventory of Homeland Security grant funded assets and captures the following information for all equipment in accordance with THSSAA Information Bulletin 12-004.<br>A. Description of the asset<br>B. Serial number or other identification number<br>C. Source of the asset<br>D. Who holds the title<br>E. Acquisition date<br>F. Cost of the asset<br>G. Percentage of federal participation in the cost of the asset<br>H. Location<br>I. Use<br>J. Condition of the Asset<br>K. Any ultimate disposition data including the date of disposal and sale price<br>L. Control or Inventory Number<br>(Reference: A-133 Compliance supplemental, 44 CFR 13.32, UGMS) |                          |
| <b>IV. PHYSICAL INVENTORY RECONCILIATION</b>  |   |                          |
| Initial here to certify:<br>   | My jurisdiction has completed a full physical inventory and reconciliation of assets within the last 24 months in accordance with regulations.<br>Our last physical inventory was conducted: <b>March 23-27, 2015</b>   |                          |
| <b>V. AUTHORIZED SIGNATURE(S)</b>   |   |                          |
| Print Name of Jurisdiction/Organization   |   | <b>FORT BEND COUNTY</b>  |
| Printed Name of Chief Elected Official, Chief Executive Officer, Or Chief Financial Officer   |   | <b>ROBERT E. HEBERT</b>  |
| Title (Judge, Mayor, ED, City Manager, CFO)   |   | <b>COUNTY JUDGE</b>      |
| Signature   |    |                          |
| Date  | <b>MAY 5, 2015</b>  |                          |

This form is located at: [http://www.txdps.state.tx.us/director\\_staff/saa/information\\_bulletins.htm](http://www.txdps.state.tx.us/director_staff/saa/information_bulletins.htm)