

Exhibit _____

CONTRACTOR EQUIPMENT PURCHASED WITH DHS FUNDS

Current Contract Number: 04-35889

Date Current Contract Expires: _____

Previous Contract Number (if applicable): _____

DHS Program Name: Comprehensive Cancer Control Section

Contractor's Name: County of Orange Health Care Agency

DHS Program Contract Manager: Debbie Hintz

Complete Address: _____

DHS Program Address: 1616 Capitol Avenue, Ste 74-421, MS 7207

Telephone Number: _____

Sacramento, CA 95814-5052

DHS Program Contract Manager's Telephone Number: 916-449-5540

Contractor's Contact Person: _____

Date of this Report: _____

(THIS IS NOT A BUDGET FORM)

STATE/DHS PROPERTY TAG NUMBER <small>(If motor vehicle, list license number.)</small>	QUANTITY	DESCRIPTION <small>1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.</small>	UNIT COST PER ITEM <small>(Before Tax)</small>	DHS PURCHASE ORDER NUMBER	DATE PURCHASED	SERIAL NUMBER <small>(If motor vehicle, list VIN number.)</small>	OPTIONAL PROGRAM USE ONLY
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INSTRUCTIONS FOR HAS 1203 (Please read carefully.)

The information on this form will be used by the Department of Health Services (DHS) Asset Management Unit to track Contractor equipment and miscellaneous property which is purchased with DHS funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time DHS equipment and/or miscellaneous property has been received, the DHS Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to the DHS Asset Management Unit. The DHS Program Contract Manager is responsible for ensuring that the information is complete and accurate. (See "Special Terms and Conditions" and *Health Administrative Manual*, Section 2-1000 et seq.)

Upon receipt of this form from the DHS Program Contract Manager, the DHS Asset Management Unit will fill in the assigned state/DHS property tag number, if applicable, for each item. Asset Management will return the original form to the DHS Program Contract Manager, along with the appropriate property tags. The DHS Program Contract Manager will then forward the property tags to the Contractor. The Contractor should place property tags in plain sight and, to the extent possible, on the item's front, left-hand corner. The manufacturer's brand name and model number are not to be covered by the property tags.

1. If the item was shipped via the DHS warehouse and was issued a property tag by warehouse staff, fill in the tag number. If the item was shipped directly to the Contractor, leave the first column blank.
2. Provide the quantity, description, serial number, and base unit cost for each item of:
 - A. **Major Equipment:**
 - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
 - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).These items are issued green numbered state/DHS property tags.
 - B. **Minor Equipment:** Tangible item having a base unit cost less than \$5,000, with a life expectancy of one (1) year or more, and listed on DHS Asset Management Unit's Minor Equipment List. (A Minor Equipment List can be obtained by calling the DHS Asset Management Unit at the telephone number in number 6 below.) These items are issued green numbered state/DHS property tags.
 - C. **Miscellaneous Property:** Specific tangible items with a life expectancy of one (1) year or more that are purchased with DHS funds (furniture, cabinets, typewriters, desktop calculators, portable dictators, nondigital cameras). These items are issued a green, unnumbered state/DHS property tag. NOTE: It is DHS policy not to tag modular furniture.
3. Provide the DHS Purchase Order (STD. 65) number if the items were purchased by DHS. For all items, provide the date of purchase.
4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number.
5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3"). The DHS Program Contract Manager should retain one copy and send the original to: Department of Health Services, Asset Management Unit, P.O. Box 997413, 1501 Capitol Avenue, Suite 71.2101, MS 1404, Sacramento, CA 95899-7413.
6. Property tags that have been lost or destroyed must be replaced and can be obtained by contacting the DHS Asset Management Unit at (916) 650-0124.