



Missouri Police Chiefs Charitable Foundation

1001 East High Street, Jefferson City, MO 65101 573-636-5444, fax 573-636-6634

**Missouri Law Enforcement Rapid ID Project
Award Letter**

Date: September 20, 2018
 To: Chief Kenneth Burton
 Columbia Police Department
 600 East Walnut Street
 Columbia, Missouri 65201
 From: Sheldon Lineback, MPCCF Executive Director
 Re: Award of a Rapid ID by MorphoTrack
 Award Year: FY 2017
 Contract Number: State Appropriation 2017
 Award Amount: \$ 1,325 per unit
 Units Awarded: 16

It is our pleasure to inform you that your application for Rapid ID has been selected for award. This project is funded under the Law Enforcement Terrorism Prevention Program in which the Missouri Police Chiefs Charitable Foundation was selected to manage.

Your agency award includes the following:

MorphoTrak Rapid ID Unit including:

MI01-000005-02 MorphoIDent Solution including:
 MorpolDent Device
 MorphoMobile Windows Software Application
 USB 2.0 Data Cable
 MorphoIDent Quick Start Guide
 Black Polymer Device Sleeve (PN MI00-0EBW0B-C)
 Additional Battery Packs (PN MI00-0EBW0B-D) [qty 110]
Warranty: 1 Year **Advantage** Solution warranty
Maintenance: 2 Years **Advantage** Solution (post warranty)

Missouri Police Chiefs Charitable Foundation will as its deliverables under this award:

1. Will confirm shipping instructions and ship the device to the awarded agency.
2. MPCCF will coordinate with awarded agency in scheduling and agency will be required to work with MorphoTrack and the Missouri Highway Patrol for connections.
3. The MPCCF will provide a property transfer document for the awarded agency to sign and return to the MPCCF documenting the acceptance and transfer of all equipment relating to this award.
4. The MPCCF will provide a Completed Project Document to the awarded agency for signature upon the installation of the device which will serve to verify that the service is completed and the agency is satisfied with the service provided.

Awarded agency will in accepting this award:

1. Sign this award Letter.
2. Provide the MPCCF the awarded agency contract for this project by completing the (Missouri Law Enforcement (Rapid ID Project Contact Form) which is attached.
3. Sign the Property Transfer Document upon the receipt of the unit under this project. (This document will be provided during the installation and training.)
4. Agency will utilize, and meet all requirements by policy, state and federal law for the use of the equipment provided by this award.
5. Agency assumes all maintenance, up keep, and operation of all hardware, software, unit, and training as this award is a one- time allocation.
6. Agency will comply with all federal, state, local, and administrative laws relating to, but not limited to reporting requirements involving award funds origination.
7. If there are repairs requiring replaced or if the system comes to its end of life that the awarded completes and sends an "Equipment Disposition Request Form" to the MPCCF at slineback@mopca.com. (This form is attached to this letter).

In affixing the required signatures of the local governmental body and the law enforcement agency agree to the responsibilities and terms of this award.

For the local governmental body and law enforcement agency:

(Applicant Authorized Official) *Michael Matthes* (Date)

(Applicant Project Director) *Kenneth M. Burton* (Date)

For the Missouri Police Chiefs Charitable Foundation

(MPCCF Chairman or MPCCF Executive Director) (Date)

Upon signing this Award Letter, the MPCCF will sign and return a copy to your agency and will establish delivery and installation arrangements with you designated Project Contact. If you choose to decline this award please send an email or letter to Sheldon Lineback, MPCCF Executive Director at the address on this letter or at slineback@mopca.com.



State Appropriation FY 2017

RAPID ID AWARD CONTACT FORM

Last Name: Blaska

First Name: James

Agency: Columbia MO Police Department

Address: 600 E Walnut Street

Columbia MO 65201

Phone: 573-874-6336

Cell/Mobile: _____

Email: James.Blaska@como.gov

Please return to: MPCCF

1001 East High Street

Jefferson City, MO 65101

Fax: (573) 636-6634

Email: slineback@mopca.com

Proof of Acceptance
For Installation of Work Performed

State Appropriation FY 2017

I acknowledge I have examined the installation of RAPID ID equipment, received training on its use, and I am satisfied with the work performed and training provided.

Signed: _____

Printed: _____

Date: _____

Agency: _____

Notes:

Missouri Law Enforcement Rapid ID Project

State Appropriation FY 2017

Proof of Acceptance

For Rapid ID Project

I acknowledge that I am responsible for the items I am picking up from the Missouri Police Chiefs' Charitable Foundation. I cannot and will not hold the Missouri Police Chiefs Charitable Foundation or Missouri Police Chiefs' Association liable for any damaged or missing parts as soon as they leave the care, custody, and control of the Missouri Police Chiefs Charitable Foundation.

Signed: _____

Printed: _____

Date: _____

Agency: _____

Equipment Received:

Equipment Disposition Request Form

Purpose of Disposition of Equipment/Property: When original or replacement equipment acquired with Homeland Security (HS) funds is no longer needed for the original project or program, the equipment may be retained, sold, or disposed, if not needed in any other Federally sponsored program. This form may be utilized to request to remove an equipment item from the inventory:

- 1) The subrecipient must obtain written (email) approval from the Division of Grants prior to disposing of any equipment purchased with HS funds.
 - a. Equipment with the per item fair market value of less than \$5,000.00 may be retained, sold, or disposed with no further obligation to the awarding agency.
 - b. Equipment with a per item fair market value of \$5,000.00 or more may be retained or sold. If sold, the awarding agency (OHS) shall have a right to the fair market value proceeds from the sale of the equipment.
 - c. See 2 CFR 200.313 Equipment and other capital expenditures, and the Missouri Office of Homeland Security, Division of Grants, Local and State Assistance Administrative Guide for Homeland Security Grants.
- 2) This form along with the approval will need to be maintained in the subrecipient grant files.
- 3) If requesting disposition of multiple equipment items at one time you may attach a spreadsheet that includes all if the information below. Also select, See attached

Requestor Name:	Job Title:	Agency:	Phone Number:	Signature:	Date:
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.		Click here to enter a date.

Equipment Detail:

Region:	Choose an item.	County:	Click here to enter text.	
Fiscal Year Purchased:	Click here to enter text.	Grant Program:	Choose an item.	
Title Holder Agency:	Click here to enter text.	Equipment Location:	Click here to enter text.	
Equipment Description:	Click here to enter text.	Manufacturer and Model:	Click here to enter text.	
Identification Number/Serial Number:	Click here to enter text.	Quantity:	Click here to enter text.	
Acquisition Cost:	Click here to enter text.	Acquisition Date:	Click here to enter text.	
Current Market Value:	Click here to enter text.	% of Federal funds used in acquisition:	Click here to enter text.	
Requested Method of Disposition:	Click here to enter text.			
Reason for Retirement: (Check appropriate box and not comments below)	<input type="checkbox"/>	Expired (past useful shelf life)	<input type="checkbox"/>	Missing or lost
	<input type="checkbox"/>	Obsolete (not in use)	<input type="checkbox"/>	Transferred
	<input type="checkbox"/>	Disposed or discarded	<input type="checkbox"/>	Stolen
	<input type="checkbox"/>	Damaged or destroyed	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Replaced (list new description, model, & serial number in comments box)		
Comments	Click here to enter text.			

Approvals: The following approvals must be obtained before retirement of equipment is granted. *Each party should retain a copy*

Homeland Security Grant Program LETPA Project Director

Name	Title	Phone	Signature	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.		

OHS Approval

Name	Title	Phone	Signature	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.		