



## Region 1 Homeland Security Equipment Transfer Agreement Form

The following equipment purchased with federal funds under the FY 2010 Homeland Security Grant Program:

Transferring Entity	Receiving Entity-(County and Entity Name)
Pennington County Emergency Management	RAPID CITY FIRE DEPT REGIONAL RESPONSE

**A. Transferring Entity agrees to the following conditions:**

1. Purchase the identified equipment and transfer of said equipment to the Receiving Entity.
2. The identified items that the Receiving Entity will receive are as follows.

Description of Item	Serial No.	Value
MTI 40' Goose Neck Trailer	VIN # 5RAGE4030CM510421	\$ 19,082.24
		\$
		\$
		\$

**B. Receiving Entity agrees to the following conditions:**

1. Provide all necessary installation costs, insurance, maintenance, calibration, repair, and replacement of parts for the equipment received.
2. Will be responsible for providing all proper training and technical support to those assigned to use the equipment provided through this program.
3. The Receiving Entity agrees to hold harmless and indemnify the Transferring Agency, its officers, agents, and employees, from and against all actions, suits damages, liability, or other proceedings, which may arise as a result of performing services hereunder or utilizing equipment provided under this program.
4. The Receiving Entity agrees to provide all necessary equipment and expertise without costs to the counties and government subdivisions of the State of South Dakota in the event of a terrorist/WMD incident or suspected incident if requested.

**C. Amendment Provisions:**

This document contains the entire agreement between the parties and is subject to and will be construed under the State of South Dakota, and may only be amended in writing, signed by both parties.

**In Witness, hereto the parties signify their agreement by affixing their signatures.**

<b>Transferring Entity</b> Penn Co Emergency Management Signature	Printed Name	Date
* CAPT. <i>Jim Massey</i>	CAPT. JIMMY L MASSEY RCFD	12/23/11
<b>Receiving Entity</b> Signature	Printed Name	Date

<b>**Receiving Entity Auditor/Treasurer</b>	Printed Name	Date
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\*By signing this agreement you certify that your entity is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal department or agency and your entity is not listed on the Excluded Parties List System. <https://www.epls.gov/eplis/jsp/FAQ.jsp>

\*\*Auditor/Treasurer please note that your county and/or entity may be subject to an A-133 audit if federal funds received is over \$500,000. Should an audit occur we may request a copy of the audit to determine if any findings were noted.