

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
 CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

## Instructions For Completing Asset Acquisition Form

Contractor purchasing assets with MHSA IT Funds must complete one (1) **Asset Acquisition Form** for each item (page 1) or group of identical items (pages 1 and 2), as required by the Technological Needs Funding Agreement (TNFA).

Upon receipt of asset(s), Contractor must submit a completed **Green Tags Issued** form to *Department of Mental Health, Administrative Support Bureau*, to request tags for all assets purchased with MHSA IT Funds. For items valued at \$5,000 or more, a separate **Silver Tags Issued** form must be submitted to the *DMH Administrative Support Bureau*. Place tag(s) on each asset in a visible location. To ensure adhesion, please clean all surfaces before applying tag(s). If assets are received prior to requesting green tags, item(s) should be secured in a locked location.

<b>Contractor's Name</b>	Enter the name of the Contractor as it appears in the TNFA.
<b>Legal Entity No.</b>	Enter the Legal Entity number as it appears in the TNFA.
<b>Project Name</b>	Enter the Project Name as it appears in the TNFA.
<b>Project ID No.</b>	Enter the Project ID No. as it appears on the project approval notification letter.
<b>Asset(s) Location</b>	Enter the Street address, suite/room/workspace, city, and state, where asset is located.
<b>Green DMH Tag No.</b>	Required for all assets valued \$100 or more. Upon receipt of asset(s), submit a completed "Green Tags Issued" form to <i>Department of Mental Health, Administrative Support Bureau</i> , to request tags for all assets purchased with MHSA IT Funds. Place one tag on each asset in a visible location.
<b>Project Asset ID No.</b>	Required for all assets valued \$100 or more. Please number each item sequentially with four digits, starting with "0001".
<b>Silver DMH Tag No.</b>	In addition to the DMH Green Tag No., please complete for asset(s) valued \$5,000 or greater. Upon receipt of asset(s), submit a completed "Silver Tags Issued" form to <i>Department of Mental Health, Administrative Support Bureau</i> , to request tags for all assets valued \$5,000 or more, purchased with MHSA IT Funds. Place one tag on each asset in a visible location.
<b>Asset Type</b>	Examples of items that <u>require</u> individual tagging and inventory includes any item valued \$100 or more: <ul style="list-style-type: none"> <li>• Computer CPUs</li> <li>• Monitors</li> <li>• Laptop computers (including notebooks and netbooks)</li> <li>• Printers</li> <li>• Scanners and OCR devices</li> <li>• Routers</li> <li>• Servers</li> <li>• Server racks</li> <li>• Computer desks</li> <li>• Photocopiers</li> <li>• External storage devices, including hard drives, optical drives, tape backup drives, etc.</li> <li>• Wireless (broadband or "air") cards</li> <li>• Electronic signature pads and other biometric identification devices.</li> </ul>

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	<p>Examples of items that <u>do not</u> require tagging, including any item valued under \$100:</p> <ul style="list-style-type: none"> <li>• Cabling</li> <li>• Keyboards and mice</li> <li>• Other input devices (pen system, etc.) valued under \$100</li> <li>• Flash drives, CDs, DVDs or other small expendable storage devices</li> <li>• Physical security (locking) devices valued under \$100</li> </ul>
<b>Manufacturer</b>	Name of original equipment manufacturer (OEM), e.g, Dell.
<b>Serial No.</b>	Unique number located on each item, often located on an ID plate.
<b>Model</b>	Model name and number, as applicable, e.g., "TerraPlex 500."
<b>Purchase Price</b>	Your original purchase price, including all customization and upgrades made by OEM if included in purchase price. Do not include sales tax, delivery, handling, or other incidental costs.
<b>Purchase Date</b>	Original purchase date, which should precede the receipt date.
<b>Receipt Date</b>	Date asset was accepted into Contractor's inventory (usually the delivery date) in the format MM/DD/YYYY.
<b>Warranty ID</b>	Policy Number or Warrantor/Insurer. If additional space is needed, add additional information under "Asset Description."
<b>Asset Description</b>	Brief description of asset.
<b>Acknowledgement</b>	Statement of responsibility for security and control of listed asset. "The above-described asset and every asset identified on attached pages, has been accepted into inventory by the identified DMH Contractor. All information is complete and correct to the best of my knowledge."
<b>Contractor's Project Manager</b>	Name, signature, and telephone number of the Contractor Project Manager identified in the TNFA.

Fax completed form(s) to: **DMH CIOB Attn: CPTT at 213-252-8744** or email to: [CPTT@dmh.lacounty.gov](mailto:CPTT@dmh.lacounty.gov).

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**Asset Acquisition Form**

**SAMPLE**

<b>Contractor's Name:</b>	<u>XYZ Agency, Inc.</u>	<b>Legal Entity No.:</b>	<u>00999</u>
<b>Project Name:</b>	<u>Clinical Data &amp; Practice Mgmt. System Project</u>	<b>Project ID No.:</b>	<u>CDM00999A</u>
<b>Asset(s) Location:</b>	<u>123 Main Street, Los Angeles, CA 90000</u> <small>(Street address, suite/room/workspace, city, and state)</small>		

<b>Green DMH Tag No.:</b>	<b>Project Asset ID No.:</b>	<b>Silver DMH Tag No.:</b>
<u>DMH 54321</u>	<u>0001</u>	<u>N/A</u>
<small>Required for all assets</small>	<small>Required for all assets</small>	<small>Additionally required for assets valued \$5000 or greater</small>

<b>Asset Type:</b>	<u>Monitor</u>	<b>Manufacturer:</b>	<u>Wysiwyg Tek</u>
<b>Serial #:</b>	<u>5THX70-HIR</u>	<b>Model:</b>	<u>KleerVue 21</u>
<b>Purchase Price:</b>	<u>\$ 220.00</u>	<b>Purchase Date:</b>	<u>10/02/09</u>
<b>Receipt Date:</b>	<u>10/07/09</u>	<b>Warranty ID:</b>	<u>TI Policy 1234455</u>
<b>Asset Description:</b>	<u>21" Hi-Res LCD Flat Screen</u>		

The above-described asset, and every asset identified on attached pages, has been accepted into inventory by the identified DMH Contract Provider. All information is complete and correct to the best of my knowledge.

Contractor Project Manager

<u>Sandra Sample</u>	<u>Sandra Sample</u>	<u>10/30/09</u>	<u>(213) 555-1212</u>
Name (print)	Signature	Date	Telephone #

Instructions: Complete one **Asset Acquisition Form** for each asset item type. Fax completed form(s) to: **DMH CIOB Attn: CPTT at 213-252-8744** or email to: [CPTT@dmh.lacounty.gov](mailto:CPTT@dmh.lacounty.gov).

**Asset Acquisition Form**

**SAMPLE**

**Page 2 for Multiple Duplicate Items**

Use this page to report multiple items of the same type, manufacturer, model, purchase price, delivery date, receipt date, warranty information and description as the item listed on Page 1. This page cannot be used for assets valued at \$5,000 or more, requiring a Silver Tag. Indicate location of asset only if different from location shown on page 1, otherwise indicate "same."

No.	Serial No.:	Green DMH Tag No.:	Project Asset ID No.:	Location of asset
-	<i>EXAM123PLE</i>	<i>DMH 54322</i>	<i>0002</i>	<i>SAME</i>
1		DMH		
2		DMH		
3		DMH		
4		DMH		
5		DMH		
6		DMH		
7		DMH		
8		DMH		
9		DMH		
10		DMH		
11		DMH		
12		DMH		
13		DMH		
14		DMH		
15		DMH		

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