



EQUIPMENT - COOPERATIVE AGREEMENT APPENDIX I.C.

State Form 24223 (R2 / 3-96) / FM 0902

* Please do not include equipment already purchased.

Date (month, day, year)

Name of county

LINE	NO. UNITS	DESCRIPTION OF EQUIPMENT	MODEL (If Known)	ESTIMATED ACQUISITION COST	ANTICIPATED DATE OF PURCHASE	EQUIPMENT WILL BE ASSIGNED TO: PERSON or POSITION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						