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| ACKNOWLEDGEMENT OF INVENTORY ACCOUNTABILITY |
| (Name of Fire Department) acknowledges receipt of (Insert Number) smoke alarms from the American Red Cross on (Insert Date). By signing below, (Name of Fire Department) accepts full responsibility for the smoke alarms and commits to installing the alarms in client residences. If uninstalled alarms remain in our possession as of (Insert Date), our fire department will return the remainder to the Red Cross within one month, or the Red Cross and (Name of Fire Department) will revise the terms of the Service Delivery Implementation Plan to extend installation implementation period. If greater than 5 percent of alarms are lost or unaccounted for at the end of the agreed-upon implementation period, (Name of Fire Department) will assume financial responsibility and reimburse the Red Cross. If our fire department exceeds the original alarm installation projection number and desires to install additional alarms, we understand we must contact the Red Cross representative to request additional alarms. |
| Fire Department Program Manager:  | Date: |
| Fire Department Staff with Fiduciary Responsibility: | Date: |
|  DO NOT WRITE BELOW THIS LINE  |
| Red Cross Representative: | Date: |