



Disposition of Capital Assets Form

Project number:

Project Name:

Program Name:

Organization Name:

Purpose

Use this form to request the authorization required pursuant to the funding agreement specified above to dispose of capital assets acquired under the same agreement.

Do not use this form in respect of land or buildings purchased or leased in connection with the implementation of the Project specified above. Instead refer to your legal agreement for further details on the disposition of buildings or land.

The capital asset specified below, (valued at over \$1,000 or \$5,000 as per the Program Terms and Conditions) were purchased for the above agreement [enter agreement number].

Eligible Disposition Options

In order to be eligible for an authorization to dispose, the rationale for the disposition must fall within one of the following options. An option must be specified for each capital asset. Options A to D inclusive will also need to be accompanied by a rationale.

Definitions of each Disposition Option

Option	Definition of each option:
A	Will be retained by project participant to enhance their employability.
B	Will be transferred to our subsequent agreement or another project. [Insert the project name and project number in the rationale section below.]
C	Will be sold at fair market value. The proceeds will be applied to reduce the HICC's total funding amount by deducting the proceeds from final payment.
D	Will be donated to another organization [Insert the organization name in the rationale section below.]
E	Will be recycled or disposed of according to applicable laws and statutes.

Note: Fair market value can be determined with three quotes or copies of advertisements for a similar item.

Recipient to Complete:**1. Identify the Disposition Option Associated with Each Capital Asset**

No.	Option (A to E)	Capital Asset Description	Serial Number	Fair Market Value (\$999,999,999.99)	Recipient Initials
1					
2					
3					
4					

2. A Rationale MUST be completed for Options A to D:

No.	Project Number or Participant Name	Capital Asset(s)	Rationale
1			
2			
3			
4			

NOTE: Please refer to the Signing Officers Form for the name of the Recipient's Delegated Authority to sign the Disposal of Capital Assets Form (for Agreement signing purposes).

Recipient Signature: 	Recipient Signature:
Recipient Name: [please clearly print name]	Recipient Name: [please clearly print name]
Date (YYYY-MM-DD):	Date (YYYY-MM-DD):
HICC Manager's Signature: 	
HICC Manager's Name: [please clearly print name]	
Date (YYYY-MM-DD):	