Department of Public Safety 1122 PROCUREMENT PROGRAM Procurement Enrollment/Agreement

	DAIE:			
AGENCY:		E-Mail Address:		
ADDRESS: (Mailing)	(Ship to)			
CITY:	COUNTY:	STATE: Georgia, ZIP:		
PHONE:	FAX:	# PERSONNEL:		
PERSON AUTHORIZED TO	O PURCHASE:			
BUDGET OFFICER (ACCO	OUNT PAYABLES):	PHONE:		
E-MAIL:	_			
skilled support personnel that provide The 1122 Counterdrug Act, as amended, establishes the author that the equipment or item purchased acknowledges that there may be hazar or death and agrees to provide approphe United States Department of Defeagency of the state of Georgia, nor an aperson or property arising out of the use of Georgia and any penature arising out of the use of the abdamage insurance and workers' comp (1) The Agency accepance of the Agency accordance of the Agency accordance of the Agency accordance of the Agency accordance of the Agency (2) The execution of the conditions, and recondance of the Agency Head Signature: Agency Head Signature:	immediate support services during program authorized by Section 1122 of prity for state and local governments to its used in the performance of counterdress associated with the use of the propertiate training to any person who may unse, the Georgia Department of Public y persons acting as employees of any of use of the above-described property. The gia and any Agency thereof, including, erson acting as an employee of any of the tove described property. The Agency slavensation insurance to cover such claim pets and agrees to be bound by the followency will assure any property procured ritations Act of 1994, as amended, will unce with Agency rules and regulations drug or first responder activities, includes. In this Agreement acknowledges the Age elease. In this Agreement acknowledges the Age elease. In Agency is subject to the Single Autoperty Office Department of Public Sa	wing conditions: I under the provisions of Section 1122 of the Defense be properly operated, maintained, secured, and disposed of in . It is further assured any property procured will be used for ding as appropriate, prevention, response and recovery s must be paid within 15 days of receipt. Service charges and be based on late payments will be billed to and paid by the ncy understands of an agreement with the foregoing terms, dit Act of 1984 as amended (31 U.S.C.7501-7) and I may fety, Excess Property for further assistance. Inted Name:		
(The "Approval Authority" is your Town lunit of government)	Manager, Mayor, County Manager, County	nted Name & Title:	urposes by th	
State Point of Contact Signatur	re:	Printed Name: Frank Mize		

NOTE: This form must be filled out annually or as changes occur. Agencies with expired agreements shall not be allowed to participate.