State of Michigan

1122 PROGRAM ORDER FORM – DA/DLA Items Only

___ Counter-Drug  ___ Homeland Security  ___ B17  ___ A12
___ Homeland Security  ___ Emergency Response  ___ SMS

Date_________________________

Ordering Law Enforcement Agency
Agency ____________________________________________________________
Point of Contact: __________________________ E-Mail ________________________
Phone #: ____________ Cell #: ____________ Fax#: ____________

Ship to
Law Enforcement Agency: ____________________________________________
Address: __________________________________________________________
City: __________________________________ Zip: ___________________________
Point of Contact: ____________________________________________________

Justification for Order: Provide a narrative of how the requested equipment will support your counter-drug, homeland security and/or emergency response mission. Be descriptive:

<table>
<thead>
<tr>
<th>NSN#</th>
<th>Item Description</th>
<th>Qty</th>
<th>Purchase Price</th>
<th>Retail Price</th>
<th>Savings</th>
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*DHS-AEL#-Department of Homeland Security, Authorized Equipment List Number (For Homeland Security Only)

Purchase Authorized by:
Title: Head of Local Agency/Chief Executive Official
Signature:

Order Total ________________

Please e-mail this form to Genevieve Hayes at: hayesg2@michigan.gov

SPOC Approval ___ Yes ___ No

Terms and Conditions-
1. Understanding that DTMB staff does not endorse or recommend any specific vendor, product, or service. The agency will deal directly with the vendor regarding product or service issues.
2. Agreement that the undersigned agency representative, who has the authority to do so, holds the State of Michigan harmless in the event of any lawsuit or claim arising as a result of the acquisition or use of products or services provided under this program.
3. The State has not determined or can guarantee that use of the 1122 Program will satisfy any local purchasing ordinances or policies.

Updated 08/2014