



State of Michigan

**1122 PROGRAM ORDER FORM – DA/DLA Items Only**

Date \_\_\_\_\_

Counter-Drug                      Source of Supply (SOS)  
 Homeland Security                   B17     A12  
 Emergency Response                 SMS

**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:**

NSN# *DHS-AEL #	Item Description	Qty	Purchase Price	Retail Price	Savings

\*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](mailto: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.