

Schedule B

Direct Loss Of Personal Property – Nonresidential (Under Sec. 202, P.L. 91-646, as amended)

Section 1 – To Be Completed By Claimant

1. NAME:

2. PROJECT/TRACT:

3. TANGIBLE PERSONAL PROPERTY:

ITEM (list)	FAIR MARKET VALUE FOR CONTINUED USE AT PRESENT LOCATION	-	NET PROCEEDS FROM SALE	=	VALUE NOT RECOVERED BY SALE	FOR AGENCY USE ONLY
						
1.	\$		\$		\$	\$
2.	\$		\$		\$	\$
3.	\$		\$		\$	\$
4.	\$		\$		\$	\$
5.	\$		\$		\$	\$
6.	\$		\$		\$	\$
7.	\$		\$		\$	\$
8.	\$		\$		\$	\$
COST OF SALE:					\$	\$
TOTAL:					\$	\$

Actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business or farm operation. The payment shall consist of the lesser of: (i) The fair market value in place of the item, as is for continued use, less the proceeds from its sale. (To be eligible for payment, the claimant must make a good faith effort to sell the personal property, unless the Agency determines that such effort is not necessary. When payment for property loss is claimed for goods held for sale, the market value shall be based on the cost of the goods to the business, not the potential selling prices.); or (ii) The estimated cost of moving the item as is, but not including any allowance for storage; or for reconnecting a piece of equipment if the equipment is in storage or not being used at the acquired site. If the business or farm operation is discontinued, the estimated cost of moving the item shall be based on a moving distance of 50 miles. The reasonable cost incurred in attempting to sell an item that is not to be relocated.

4. REMARKS: (Use other side if necessary)

5. RELEASE: I (We) hereby release to the displacing agency ownership and title to all personal property remaining on the acquired site, for which the claimant has received or will receive a payment for direct loss of property.

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

Section 2 – To Be Completed By Agency

TOTAL COSTS \$ _____

ESTIMATED COSTS OF MOVING PROPERTY \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
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RECOMMENDED: _____

APPROVED: _____

FBMS INVOICE NO.: _____