



6500 Centurion Drive • Suite 220
 Lansing • MI • 48917
 Phone: 517-908-3916
 E-mail: mitsloans@gmail.com

EQUIPMENT & SOFTWARE LOAN AGREEMENT

Michigan’s Integrated Technology Supports, hereafter referred to as “MITS” will loan equipment to **School Districts**, hereafter referred to as the “AGENCY” for **eight week trial periods** for use by a special education student or students residing in the State of Michigan. Signature on following page indicates the AGENCY has received a copy of these terms and agrees to comply with them.

Michigan’s Integrated Technology Supports, “MITS” will loan equipment to **Institutes of Higher Education (IHEs)** for a **period of one week** for the purpose of providing university students an opportunity to have hands-on experience with equipment. Signature on following page indicates IHE has received a copy of these terms and agrees to comply with them.

1. TERM OF CONSIGNMENT

The term of consignment is eight weeks for School Districts and one week for IHEs. A School District may be granted a loan extension by written or telephone request from the AGENCY and permission from MITS providing there is no waiting list. Each Agency will assign an agency representative or designate, preferably the person who is qualified to assist the student with the piece of equipment or software being borrowed. A limit of 3 pieces of equipment & software may be borrowed at a time. Exceptions may be considered with approval from MITS.

2. TRANSFER AND LIABILITY FOR EQUIPMENT & SOFTWARE

If the agency representative or designate is unable to pick up the equipment, MITS will ship loans via shipping agency contracted by MITS. Advance notice is required for in-person pick up or drop off. All items shipped by carrier will be securely packed and double boxed by MITS. Loans processed by MITS will have an inventory of all components within the loan completed prior to shipment. Unless otherwise indicated, all items listed will be considered shipped by MITS.

Upon receipt of MITS loans, the AGENCY shall conduct an inventory of the loan package and any discrepancy, such as scratches, dents, missing components or other damage must be reported to MITS immediately. If no report of discrepancy is noted by the AGENCY at the time of receipt, loans are considered acceptable and complete.

3. OPERATION AND CARE OF EQUIPMENT

The Agency representative agrees to read the “Users Manual” before attempting to operate the equipment. The Agency representative agrees to take suitable care of equipment while in the Agency’s possession. Equipment shall be used in accordance with manufacturer’s instructions. Any misuse of MITS equipment that causes damage will result in AGENCY being billed for the repair or total replacement cost of device. Equipment shall not be modified in any manner. Technical issues that are encountered must be reported to MITS as soon as possible.

4. RETURN OF EQUIPMENT & SOFTWARE

Loans must be returned on or before the due date.

All MITS loans must be securely packed and double boxed for return shipment. Return shipping insurance is required and is the responsibility of the AGENCY. Any damage as a result of poor quality packing/packaging will be the responsibility of the AGENCY. Damage incurred as a result of poor quality packaging may not be covered by insurance.



Michigan's Integrated Technology Supports is an IDEA Mandated Activity Project offered through the Michigan Department of Education Office of Special Education and Early Intervention Services

STATEMENT OF COMPLIANCE WITH FEDERAL LAW

The Michigan Department of Education complies with all Federal laws and regulations prohibiting discrimination, and with all requirements of the U.S. Department of Education.



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Equipment will be returned to:

MITS Lending Library
6500 Centurion Drive, Suite 220
Lansing, MI 48917

5. DELINQUENT LOANS

An AGENCY whose account has delinquent loans, damaged, or missing items may not be permitted additional loans while their account is in default.

If an AGENCY is chronically late returning loans the AGENCY account will be referred to the MITS Director for action that may result in suspension of privileges.

If questions, please contact the MITS Lending Library at:

E-Mail: mitsloans@cenmi.org

Telephone: 517.908.3916

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EQUIPMENT LOAN AGREEMENT CONT.

EQUIPMENT:

INV#:

5. APPLICANT ASSURANCE

I certify that I am the Agency representative of this request and that I have received a copy of the Terms. I thereby take responsibility for loaned equipment under the terms of this contract.

_____ For _____
 Name of Agency (School District) Student Name

_____ Date
 Agency Representative Signature

 Name of Representative (printed)

Bill to: _____ **Ship to:** _____
 Address: _____

Telephone: _____ Fax: _____

 E-mail

6. ADMINISTRATOR'S ASSURANCE (required for equipment valued at more than \$500).

Stated Value for this device is \$ _____

I agree to the terms as stated in the "Loan Agreement" and certify that when received, this equipment will be maintained in a fully operational status by this Agency at our expense. In the event this equipment cannot be used as described because of teacher/therapist or student reassessment, or because of a change in student's educational needs, the equipment as inventoried will be returned to MITS.

_____ Date
 Administrator Signature

_____ Date Shipped
 MITS Representative

Date Due _____ Date Returned _____ Complete yes no Working yes no



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SOFTWARE LOAN AGREEMENT CONT.

Software Title	Inventory #	\$Value

Total Value _____

5. APPLICANT ASSURANCE

I certify that I am the Agency representative of this request and that I have received a copy of the Terms. I thereby take responsibility for borrowed software under the terms of this contract.

 Name of Agency (School District) For _____
 Student Name

 Agency Representative Signature _____
 Date

 Name of Representative (printed)

Bill to: _____ **Ship to:** _____
 Address: _____

Telephone: _____ Fax : _____

E-mail _____

I agree to the terms as stated in the "Loan Agreement" and certify that when received, this equipment and/or software will be maintained in a fully operational status by this Agency at our expense. In the event this equipment cannot be used as described because of teacher/therapist or student reassessment, or because of a change in student's educational needs, the equipment as inventoried will be returned to MITS.

 Administrator Signature _____
 Date

 MITS Representative _____
 Date _____ Date Shipped _____

Due Date _____ Date Returned _____ Complete Working
 yes no yes no



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