Equipment Purchase Request Form Iowa Weatherization Program

The purchase of equipment and vehicles using weatherization funds must have prior DCAA approval when the purchase price is \$5,000 or more. Refer to Section 9.0 of the Policy and Procedures manual.

	_ Date:
Funds to be used: DOE HEAP Equipment Other (specify) HEAP Admin/Support)
Equipment is needed for: Program Expansion Replacement	Other (explain)
Item Brand Name, Description Replacing Quantity Current Item	y Unit Price Net Price
Purchase Justification: Explain why the item(s) is needed, the items' purpose, a	
value and serial number of equipment to be replaced.	
Was the bid proposal advertised in a newspaper or other media? * Not applicable if bid was not adversited in a newspaper or other media.	Yes No N/A
* Advertisement must be sent along with this form.	
If applicable, in which media did you advertise?	
If applicable, dates advertised. FromN/A	то
* Not applicable if bid request was advertised.	
	dor was low bidder. Yes No
Selected Vendor Name:	
Bid Specifications: (* In ALL cases, bid requests <u>must</u> be sent along with this feepplain the reason the vendor was chosen.	orm for review.) If vendor selected was not low bidder,
Agency Review:	_
Agency Representative Approval:	Date:
Agency Representative Approval: (Entering your name serves as your digital signal)	
Agency Representative Approval: (Entering your name serves as your digital signs) Agency Represtantive Title:	ature)
Agency Representative Approval: (Entering your name serves as your digital signs) Agency Represtantive Title: Agency Contact Person:	Date:
Agency Representative Approval: Agency Represtantive Title: Agency Contact Person: CAA Review: DCAA Approval: Yes No	Date:
Agency Representative Approval: Agency Represtantive Title: Agency Contact Person: CAA Review: DCAA Approval: DCAA Representative Approval: DCAA Representative Approval:	Date: Date: ature)
Agency Representative Approval: Agency Represtantive Title: Agency Contact Person: DCAA Review: DCAA Approval: DCAA Representative Approval: (Entering your name serves as your digital signs) (Entering your name serves as your digital signs)	Date: Date: ature)
Agency Representative Approval: (Entering your name serves as your digital signs) Agency Represtantive Title: Agency Contact Person: DCAA Review: DCAA Approval: DCAA Representative Approval: (Entering your name serves as your digital signs) (Entering your name serves as your digital signs) DOE Review: DOE Approval Needed: DOE Approval Needed: Yes No DOE Approval	Date: Date: Date: Date: Date: Date: Date: Date: Date:
Agency Representative Approval: Agency Represtantive Title: Agency Contact Person: DCAA Review: DCAA Approval: DCAA Representative Approval: (Entering your name serves as your digital signs) (Entering your name serves as your digital signs) DOE Review: DOE Approval Needed: (Entering your name serves as your digital signs) (Entering your name serves as your digital signs)	Date: Date: Date: Date: Date: Date: Date: Date: Date:
Agency Representative Approval: Agency Represtantive Title: Agency Contact Person: DCAA Review: DCAA Approval: DCAA Representative Approval: (Entering your name serves as your digital signs) (Entering your name serves as your digital signs) DOE Review: DOE Approval Needed: DOE Representative Approval: (Entering your name serves as your digital signs) (Entering your name serves as your digital signs) (Entering your name serves as your digital signs) DOE Representative Approval:	Date: Date: Date: Date: Date: Date: Date: Date: Date: