

Equipment List (LEA Form 6)

LEA Form 6 is used to request equipment and, occasionally, as a convenient form for requesting repairs to equipment.

For CTE purposes, equipment is defined as non-consumable items with a life expectancy of more than one year. Computer software is considered as equipment. For the purpose of uses of replacement equipment funds, parts and labor for repairs are also considered equipment.

All data requested at the top of the form must be supplied. Only one funding source may be indicated. Requests for funds from different sources should be made on different forms. With few exceptions, requests on a form should be for the same program.

Replacement equipment may be purchased with state funds only if the equipment is for exclusive use by students; however, this account may be used for new or additional equipment as well as for replacement.

Entries should be rounded off to the nearest dollar. In the column headed "Name/Description of Item," use more than one line, if necessary, to describe items that may not be readily recognizable by advisory committees or members of the state staff. Common items and small tools need no description.

LEA Form 6A should be used when there is not enough space on LEA Form 6. However, curriculum totals must appear on LEA Form 6.

All applications for equipment funds must be signed by the chairman of the advisory committee.

A copy of the LEA Form 6 with the amount approved will be returned to you by the state office.

Application for Approval of Equipment

Fiscal Year _____ Local Education Agency _____

Facility _____ Facility Code _____

Curriculum _____ WVEIS Code _____ Level _____

Local Funds Available for Matching, this Curriculum \$ _____

Funding Source: _____ Replacement Equipment Allocation _____ Federal Allocation
 (Check only one) _____ Incentive Program _____ Program Modernization

NAME/DESCRIPTION OF ITEM	QUANTITY	UNIT COST	TOTAL COST
		\$	\$

Total This Page	\$
Total This Curriculum	\$

STATE USE ONLY	Project Code: _____ Revenue Code: _____ Amount Approved: \$ _____
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_____ Chair, Occupational Advisory Committee Date: _____	_____ Designated DTAES Representative Date: _____
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EQUIPMENT LIST

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Facility _____ Curriculum _____

NAME/DESCRIPTION OF ITEM	QUANTITY	UNIT COST	TOTAL COST
Total this Curriculum or Amount Carried Forward			\$