

EQUIPMENT PURCHASE REQUEST

DOE WAP Program
Michigan Department of Human Services

Definition: As defined by OMB, "equipment" is an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or greater. Equipment purchases cannot be expensed directly to a federal grant without prior approval by the awarding agency. Per DOE rules §440.18, equipment purchases are allowable expenses. Vehicle purchases must be referred to DOE for prior approval in every instance.

Waiver Process: DHS/BCAEO will accept formal equipment purchase requests, to authorize the purchase of equipment, as part of the grantee's DOE Budget application or amendment process. Agencies submitting a request must do so by utilizing this form and by providing the required documentation. Note: The request will be reviewed by DHS to determine if the cost would be a justifiable charge to the DOE program. All vehicle purchase requests will be reviewed, a state recommendation made, and then forwarded to DOE for final approval.

(Attach additional pages as necessary.)

VEHICLE/EQUIPMENT PURCHASE/LEASE REQUEST

Agency Name: _____ Date: _____

Signature: _____ Title: _____

Description of Request: _____

Is this item needed for: (check one) Program Expansion Attrition Other (explain)

For what purpose(s) will the item be used? _____

Why do you need to purchase the item(s)? _____

If a vehicle purchase/lease complete the following:

Year	Make	Model	Quantity Requested

If a specification was made, please attach a copy.

Do you currently own/lease similar item(s) that this purchase will replace? Yes No

If the above is Yes, describe:

Item	Serial #/Vin #	Purchase Price	Purchase Date	Fund Source	Present Value	Condition

Are you requesting disposal approval for the item(s) listed above? Yes No

Is the requested item budgeted in your DOE plan? **Note: Equipment purchases must be budgeted in Program Operations, i.e., this is not an allowable T/TA or Admin expense.**

If the above is Yes, describe:

Amount Budgeted	Program(s)	Estimated Cost	Date Needed

If a vehicle purchase, are you using any other vehicles for trade-in? Yes No

Item	Serial #/Vin #	Purchase Price	Purchase Date	Fund Source	Present Value	Condition

It is not uncommon that trade-in allowances do not meet blue book value of the vehicle. Agencies are encouraged to provide other agencies with the opportunity to purchase vehicles being considered for replacement. Please indicate whether or not you have made this effort: Yes No

Estimated cost of purchase: \$ _____ Sales Tax: \$ _____ License/Regist. \$ _____

Will this vehicle be used for any other Program? Yes No

If Yes to above, explain how use by other agency programs/activities will be compensated for (e.g., mileage charges) and rolled back into the agency weatherization program:

Company /Dealership Lease Yes No Agency Lease Yes No

Estimated Cost of Lease \$ _____ Monthly Length of Lease Agreement (indicate mos. or yrs) _____

Is there an additional charge per mile? (Explain) _____

Other Associated Costs of Lease

Item	\$ Amount	Cost Included in Lease Payment
License/Registration Fee		<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sales Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Termination/Buy-out Fee		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain above fee:		

ATTACH COPIES OF AT LEAST THREE BIDS OF A PURCHASE OR LEASE

NOTE: If you are NOT using the lowest bid, explain why not.

FOR DHS USE ONLY:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Signature	Title
			Date

FOR DOE USE ONLY:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Signature	Title
			Date

<p>AUTHORITY: State P.A. 230 of 1981, as amended</p> <p>COMPLETION: Mandatory.</p> <p>PENALTY: Unable to apply for Waiver.</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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