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**Department of Economic Opportunity (DEO)**

**Prior Approval Request Form**

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| **For the Equipment and other capital expenditure cost items, this prior approval request form must be used for any expenditure that meets the lesser of the capitalization threshold established by the requestor or $5,000. It is also used for all other prior approval requests not authorized by the annual prior approval available for a specific period.** |

**TO: DEO Financial Management**

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| **Request Date:** |  |

|  |  |
| --- | --- |
| **LWDB Number:** | **#** |

|  |  |
| --- | --- |
| **Name of Requesting Entity:** |  |

|  |  |
| --- | --- |
| **Local Capitalization Threshold:** | **$** |

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| --- | --- |
| **Prior Approval for:**  |  |

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| --- | --- |
| **Total Amount Requested:** | **$** |

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| **Is this a request for retro-active approval?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
|  **If yes, enter action date:** |  |

**Narrative Summary:**

*[Provide sufficient description and other information here for the specific prior approval requested to allow the Department to determine whether the request is necessary and reasonable for the program. For example, if you are requesting new equipment you would need to demonstrate the necessity of the addition, describe how you currently operate without the equipment, and explain how the addition of the equipment will enhance your productivity or reduce costs, an explanation of your cost/price analysis, etc.*

**Cost Summary:**

*[Where applicable, provide estimated cost amount here. Include line item detail of expenditure(s), if needed. If more room is needed, please attach additional information to this request form.* **$**

**Proposed Funding Source:**

*[Where applicable, p*rovide *estimated funding source/grant program.]*

**Additional Information:**

*[Include any additional information, research or other comments you feel necessary for DEO to complete an analysis of this approval request. For example, if purchasing new equipment, please explain if any existing equipment will be traded or disposed and if any proceeds from sale of existing equipment will be utilized in the purchase.]*

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| **ADDITIONAL INFORMATION ATTACHED:** | **Yes** | **[ ]**  | **No** | **[ ]**  |

**Certification Statement:**

***PLEASE NOTE THAT TRANSMISSION OF THIS REQUEST FORM TO DEO INDICATES YOUR ACKNOWLEDGEMENT OF APPLICABLE PURCHASING POLICIES AND/OR PROCUREMENT STANDARDS FROM THE OMB CIRCULARS OR OTHER PROGRAM GUIDELINES. TRANSMISSION OF THIS REQUEST FORM TO DEO ALSO INDICATES COMPLIANCE WITH THE ABOVE-MENTIONED STANDARDS.***

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| **Name/Title of Requestor Representative:** |  |

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| **Date Signed:** |  |

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| **NOTES:****Any approval authorized by DEO is only applicable to funding that DEO provides directly to the DEO sub-recipient.****All approval notifications will be communicated by e-mail to sub-recipient.** |

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| **DEO’s granting of prior approval is given based on the limited facts presented as justification for the proposed expenditure. In the event that the actual expenditure is not in accordance with the facts presented or OMB requirements, the expenditure can still be questioned or disallowed. Factors affecting this include, but are not limited to:** |
|  **Inadequate documentation;** **Failure to follow internal, state, or federal policies;** **Expenditure is not necessary and reasonable or** **Failure to comply with applicable federal law or regulations.** |