

Capital Outlay Request for Pre-Approval

California Department of Education
(Updated 10/22/2025)

Submit the completed form and the quote in the [Program Grant Management System \(PGMS\)](#) for review and approval by your Perkins/Career Technical Education (CTE) Consultant.

Local Educational Agency (LEA) Name:

Year:

Select School Type:

112 State Special Schools	131 Secondary Schools or COE	132 Adult COE/ROP or Community College
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Select the type of capital outlay request:

Strengthening Career Technical Education for the 21st Century (Perkins V)

K-12 Strong Workforce

Career Technical Education Incentive Grant (CTEIG)

Capital Outlay is defined as any single item purchase of \$10,000.00 or more. The purchase must meet all of the requirements listed below. Check the box to confirm purchase meets requirement.

Check all that apply:

Directly relates to a CTE program approved for assistance in the LEA's local plan

Intended to improve, enhance or expand the CTE program

"Necessary" and "reasonable" for proper and efficient administration of the CTE programs

Adds to the district's historical inventory system when received

Specific to the CTE program – as opposed to a general expense required to carry out the agency's overall responsibilities.

Provide information on LEA and the item being purchased in the following fields:

District Street Address:

City:

Zip Code:

Phone:

CTE Coordinator:

CTE Teacher:

CTE Credential:

Industry Sector:

Career Pathway:

CTE equipment name:

Name of school purchasing item:

Cost of item (\$10,000 or More):

California Department of Education

Amount of Perkins: Amount of CTEIG:

List other funding source(s) used:

List the sequence of courses the equipment being purchased will be used for:

Identify the skill attainment this equipment purchase will provide to CTE students in this career pathway:

Can the instructor currently operate the equipment?	Yes	No
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If the instructor cannot currently operate equipment explain below how, when, and by whom training will be provided to allow the instructor to operate the equipment.

Capital outlay request approver information.

Signature: _____ Date: _____

Printed Name:

Title: Page 2 of 2