

## California State Preschool Program (CSPP) Equipment Purchase Approval Request (EPAR)

Approval is required prior to incurring costs when the total amount equals or exceeds \$10,000 per unit cost, including tax, and/or \$10,000 in sum, including tax. Private agencies are required to obtain and submit documentation of at least three (3) bids for purchases requiring California Department of Education (CDE) approval. Public agencies shall comply with the applicable section of the Public Contract Code (PCC). Equipment replacement approval requests shall include pictures of the item that is being replaced attached to this EPAR.

Contractors must obtain approval before using CSPP contract funds to purchase equipment classified under Object Code 6400 (Equipment) or 6500 (Equipment Replacement) when the cost of any single item exceeds the limit outlined in the Contract Terms and Conditions.

If other programs benefit from the use of equipment, submit a cost allocation plan with approval request.

Vendor Number:

Contractor Legal Name:

Street Address:

City: State: Zip Code:

Contact Name: Phone Number:

Email:

Please indicate whether this request is for a public agency or private:

Public Agency

Private Agency

If public agency is selected, does your agency opt in to the California Uniform Public Construction Cost Accounting Act (CUPCCAA)?

Yes

No

**Part I – Description of Equipment:**

Identify types of equipment proposed for purchase.

<b>Quantity</b>	<b>Item</b>	<b>Item Cost</b>	<b>Total Cost</b>	<b>Item Placement (Site Address)</b>	<b>Estimated Useful Life Expectancy (Years)</b>

Justification Attached:

Yes

No

Pictures Attached:

Yes

No

Please indicate whether this request is for a multi-year plan or single-year plan below:

Multi-year Plan

Single-year Plan

Name of Vendor Selected:

**Part II – Subcontract (If Applicable):**

Will a subcontract be required for any service related to this purchase in excess of \$10,000 requiring approval?

Yes

No

**Part III – Certification:**

I certify that the information provided above is true and accurate to the best of my knowledge. I also agree to comply with the Contract Terms and Conditions concerning the title, use, disposal, and retention of equipment purchased with funds from the CSPP contract, as provided by the CDE.

Signature of Authorized Representative:

Title:

Date:

**Part IV – For CDE Use Only:**

Receipt Date:

Contractor Notification Date:

Consultant Recommendation

Approved

Not Approved (If marked, please indicate why in comment section)

Requested Amount:

Approved Amount:

Fiscal Year:

Year-to-Date Balance:

Comments:

Consultant:

Date:

Administrator:

Date: