

CAPITAL OUTLAY REQUEST FOR PRE-APPROVAL

CALIFORNIA DEPARTMENT OF EDUCATION (Revised 3/24/2022)

Attach this form to a quote for the requested item to be purchased. Email the completed form and the quote to your Career Technical Education (CTE) Consultant.

LEA Name:

Fiscal Year Allocation

Select School Type:

112 State Special Schools

131 Secondary Schools or
COE

132 Adult COE/ROP
or Community College

Select the type of capital outlay request:

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

Career Technical Education Incentive Grant (CTEIG)

Capital Outlay is defined as any single item purchase of \$5,000.00 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 (\$5,000 or More):

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Is total cost split funded? Yes No

Amount of Perkins: Amount of CTEIG:

List other funding source(s) used: Amount of Other Funding Source:

Provide a detailed description of equipment purchase:

List the sequence of courses (including CALPADS course codes) the equipment being purchased will be used for:

Using CTE technical standards 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

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.

FOR CDE USE ONLY

Capital outlay request approver information.

Signature:

Date:

Printed Name:

Title: