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**OFFICE AGAINST INTERPERSONAL VIOLENCE**

**EQUIPMENT PROCUREMENT CERTIFICATION**

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| SUBGRANTEE: | SUBGRANT NUMBER: |
| PROJECT TITLE: | PROJECT PERIOD:  |
| PREPARED BY: PHONE: DATE:  |

EQUIPMENT TO BE PURCHASED: Equipment is defined as tangible personal property with an acquisition cost of $5,000 or more per unit (including ancillary hardware items necessary to operate the equipment) and a useful life of more than one year.

1. Equipment to be Purchased: Include brand name, model, price of each unit. For automated data processing (ADP) equipment include any added features, peripheral and ancillary items necessary to its operation, and price of each piece of equipment.

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| --- |
| Brand Name: |
| Model #: |
| Price: |
| % Paid by awarded federal funds: | % Paid by matching/agency funds: |

1. Vendor Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Procurement Process Used Check One:
	1. Selected from established state or local government award list that meets or exceeds the federal guidelines.
	2. Competitive procurement (ATTACH a description of the vendor selection process, the number of qualified vendors, the vendor selected and reason for selection.)
	3. Sole source procurement: Please Mark.

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| * Item is available only from a single source.
 | * Emergent need does not permit a delay that might result from a formal competitive solicitation
 |
| * After solicitation of a number of sources, competition was deemed inadequate
 | * Expertise of the vendor
 |

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1. Answer the following questions regarding this equipment purchase:

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| 1. Is the equipment identified within the approved grant application and is it necessary and sufficient to meet the project goals?
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| 1. Is the equipment procurement in compliance with existing federal, state, and local laws and regulations?
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| 1. Was a purchase/lease comparison demonstrating that it is more advantageous to purchase rather than lease the equipment conducted?
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 **SUBMIT ONE COPY WITH ORIGINAL SIGNATURE.**

By my signature, I certify that the equipment requested is not currently available for the use of this project within my organization. I understand that a (Equipment Inventory/Retention Form) must be submitted to OAIV at the end of the grant period. I, hereby, also certify that the content of this form, other than the data entry require, has not been altered.

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Project Director Signature Date

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| **\*\* Office Against Interpersonal Violence Use Only \*\***This request is: **□** Approval  **□** DeniedReason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OAIV SUBGRANT MANAGER SIGNATURE/DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DETAILED INSTRUCTIONS FOR COMPLETING**

**EQUIPMENT PROCUREMENT CERTIFICATION**

*Use this form to obtain required OAIV prior approval for the procurement of equipment.*

**Heading**

**Subgrantee:** This is the agency to which the sub-grant award was made.

**Sub-Grant Number:** This is the sub-grant number assigned to the project by OAIV. It can be found in the Sub grantee Agreement.

**Project Title:** This is the name of the project, which is identified on the sub-grant application.

**Project Duration:** This is the period of the sub-grant award, not the time period for which this report is being submitted. It can be found in the Sub grantee Agreement, and is changed only if the project requests and receives a sub-grant extension.

**Prepared by:** This is the name of the person that is completing this form. Include this person's phone number.

**Date:** This is the date the Equipment Procurement Certification form is completed.

**EQUPIMENT INFORMATION:**

1. **Equipment to be Purchased:**  Provide brand name, model, price of each piece of equipment, as well as percentage paid with federal funds (this award only) and matching/agency funds. For Automated Data Processing (ADP) equipment include any added features, peripheral an ancillary items necessary to its operation, and price of each. Continue on attached plain paper if necessary. You can also attach the manufacturer’s description.
2. **Vendor Name and Address:**  This is the name and address of the vendor from which the equipment described in #1 is to be purchased. USE SEPARATE FORMS FOR EACH VENDOR/AWARD BEING MADE.
3. **Procurement Process Used**: Check the process used to select the Vendor indicated in #2.
	1. Indicate whether it selected from a state or local gov. or award list. (State Contract)
	2. If the vendor was selected through a competitive process by written or phone quotation, attach a short narrative about the vendors contacted, price quotation from each, the vendor selected and reason for selection.
	3. If the vendor selected was determined to be the only source, a sole source justification must be attached that explains each of the following circumstances that apply:
* Item is available only from a single source.
* Emergent need does not permit a delay that might result from a formal competitive solicitation
* After solicitation of a number of sources, competition was deemed inadequate
* Expertise of the vendor
1. Answer “Yes” or “No” to each of the questions regarding the purchase of this equipment.
2. **Signature**: The Project Director should sign attesting that the equipment requested is necessary. One signed copy must be submitted to OAIV.

***\*\* OAIV will return the form, after review, indicating whether the purchase is approved.***

**REMINDER: EQUIPMENT ITEMS PURCHASED MUST BE REPORTED ON (FORM OAIV-02) EQUIPMENT INVENTORY/RETENSION AT THE END OF THE GRANT PERIOD**.