## **Equipment (including Vehicles) Prior Approval Request**

- Required for single items over \$5,000 -

Subrecipient:			
Person Completing Prior Approval Form:			
Date of Submission to DHEC:			
1. Requested equipment/vehicle purchase			
Non-Vehicle Purchases			
Equipment name/type:			
Manufacturer:			
Year:			
Cost:			
Brief Overview of Use:			
Vehicle Purchases			
Make:			
Model:			
Year:			
Cost:			
Brief Overview of Use:			

2. Justification of need for equipment/vehicle and how the purchase will improve services in			
the service area:			
3. Breakdown of purchase costs:			
(ex. If purchasing a vehicle, will another be traded in? If replacing IT equipment, does the fee include			
disposition of equipment in an appropriate manner?)			
4. Ongoing costs associated with the equipment/vehicle that may be charged to RWB? If			
the purchase results in ongoing costs that will not be charged to RWB, hold will those			
expenses be paid?			
(ex. If purchasing a vehicle, what are the anticipated gas, registration, insurance, etc. fees? If purchasing a			
printer, will there be a monthly maintenance fee?)			

5. Are you committed to following the SC Procurement Guidelines for Subrecipients?				
Guidelines Available Here - https://www.scdhec.gov/sites/default/files/me Guidelines-for-Subrecipients-032020.pdf	edia/document/Procurement-			
6. Are you committed to the DHEC <i>RWB Provider Vehicle</i> Requirements, including the development of a service standard?				
7. Have you attached the appropriate number of quotes?				
ONE (1) required for items less than \$10,000 THREE (3) required for items \$10,000-\$25,000. Items above \$25,000 require written solicitation of quotes publicly advertised.				
Subrecipient Request Signature:				
Date:				
Subrecipient Authorizing Official Signature:				
Date:				
Fam DUFC Has				
For DHEC Use  HRSA/HUD Approval Required				
(DHEC will submit to HRSA /HUD for approval)				
If required, date approval sent to HRSA/HUD:				
HRSA/HUD Approval Received:				
HRSA/HUD Approval/Denial Date:				
DHEC Approval Signature:				
Date:				