## Carl D. Perkins Capital, Special Purpose Approval Request

Attach documentation of equipment ordering information as appropriate.

## Uniform Guidance(OMB) 200.439(b)(2)

Sub-recipient is participating in a consortium: Yes

Submit by email to: Libby Giles, libby.giles@schools.utah.gov

Capital expenditures for special purpose equipment are allowable as direct costs, provided that the items with a unit cost of \$5,000 or more have prior written approval of the Federal awarding agency or pass-through entity.

A request for approval form should be signed by the authorized representative of the local recipient and submitted to the office of the Utah State Board of Education (USBE) prior to purchasing the equipment. The approval request must describe the justification for the capital expenditure as it relates to the requirements for the use of funds, along with supporting bids or price quotations. Subrecipients must follow state and local procurement requirements. It is vital that the justification also address the requirement in Perkins V, which states that "funds made available under this Act for career technical and technical education activities shall supplement, and shall not supplant, non-federal funds expended to carry out career technical and technical education activities". The approval request must also detail how the purchase of the equipment addresses needs identified in the Comprehensive Local Needs Assessment described in section 134(c) and meets the Local Uses of Funds requirement set forth in Section 135. Approval from the USBE for capital expenditures exceeding \$5,000 must be obtained prior to the expenditure of federal CTE funds.

No

**Consortium Name:** 

Perkins Eligible Recipient Name:			
Perkins Contact Name:		Name:	Email:
Equipment being requested:			
CTE Program(s):			
Total Equipment Cost:			Vendor:
Equipment Description/Special Expenditure Request:			
Briefly describe how this expenditure supports career and technical education programs and outcomes. Also include how this expenditure meets the needs identified in your CLNA:			
Please	check "ye	es" or "no" for the following questions r	regarding the requested consortium expenditure:
Yes	No	This purchase supports a rigorous prog	ram of study
Yes	No	This expenditure is supported by match	ning funds (List percent of outside funds)
Yes	No	This expenditure was funded previous y	years (If yes, explain funding source)
Sub-recipient Signature:		pient Signature:	Sub-recipient Financial Official Signature:

Updated: September 16, 2021 ADA Compliant: October, 2021