

Equipment (including Vehicles) Prior Approval Request

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

Subrecipient:	
Person Completing Prior Approval Form:	
Date of Submission to DPH:	

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, how 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.dph.sc.gov/sites/scdph/files/media/document/Procurement-Guidelines-for-Subrecipients-012024.pdf	
6. Are you committed to the DPH RWB Provider Vehicle 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:

For DPH Use	
HRSA/HUD Approval Required (DPH will submit to HRSA /HUD for approval)	
If required, date approval sent to HRSA/HUD:	
HRSA/HUD Approval Received:	
HRSA/HUD Approval/Denial Date:	

DPH Approval Signature:

Date:
