Request for prior approval for equipment

Grantee Organization:		FAIN/Award Number:	Date:
Duranant to 2 CED 200 420 anau			vignment is defined in 2 CER 200 22, 40, and 00. Compared recommend
			uipment is defined in 2 CFR 200.33; 48, and 89. General purpose quipment costing \$250,000 or more requires prior approval. To
_			st via a letter (in which case, the request must include the following
		mail requests to capacityequipment@nifa.usda.gov or submit	· · · · · · · · · · · · · · · · · · ·
	That is a second of the second	or submitted	was grantes governous approaches.
Item Number 1:	Item Name:		Estimated or Actual Cost:
Estimated Useful Life in	Description/Purpose (inc	clude how it aligns to the approved plan of work):	Comments:
years:			
Supply? (Y/N):	Linked to Item #:		
Item Number 2:		Item Name:	Estimated or Actual Cost:
Estimated Useful Life in years:		Description/Purpose (include how it aligns to the	Comments:
		approved plan of work):	
Supply? (Y/N):		Linked to Item #:	
			·
Item Number 3:		Item Name:	Estimated or Actual Cost:
Estimated Useful Life in years:		Description/Purpose (include how it aligns to the approved plan of work):	Comments:
Supply? (Y/N):		Linked to Item #:	

Item Number 4:	Item Name:	Estimated or Actual Cost:
Estimated Useful Life in years:	Description/Purpose (include how it aligns to the	Comments:
	approved plan of work):	
Supply? (Y/N):	Linked to Item #:	

Item Number 5:	Item Name:	Estimated or Actual Cost:
Estimated Useful Life in years:	Description/Purpose (include how it aligns to the	Comments:
	approved plan of work):	
Supply? (Y/N):	Linked to Item #:	

Item Number 6:	Item Name:	Estimated or Actual Cost:
Estimated Useful Life in years:	Description/Purpose (include how it aligns to the	Comments:
	approved plan of work):	
Supply? (Y/N):	Linked to Item #:	

Authorized Representative Signature:

Authorized Representative Name

Date:

Contact Name:

Phone Number:

Email:

INSTRUCTIONS FOR PRIOR APPROVAL REQUEST TEMPLATE

- 1) **Grantee Organization:** Please insert the name of the entity who received the grant (i.e. Central State University).
- 2) **FAIN/Award Number:** Please insert the FAIN/Award number under which the equipment is being purchased. You must submit different requests or request forms for different grants, therefore there can only be one grant number listed on each request. Date: Include the date the request is submitted to NIFA.
- 3) <u>Item number:</u> This is prefilled and assigns a number to each equipment item to allow ease of cross reference.
- 4) <u>Item Name</u>: Please list the name of the item (i.e. John Deere 6M row crop tractor)
- 5) Estimated or Actual Cost: Insert the estimated cost based on market research of the actual cost based on submitted quotes, bids or other documentation. This figure may be an estimate. Items costing less than \$5,000 do not need prior approval unless they are part of the per-unit cost of a piece of equipment and are required for the equipment to function.
- 6) **Estimated useful life**: Insert the estimated useful life of the piece of equipment. Under the Uniform Guidance equipment has a useful life of one year or more.
- 7) <u>Description/Purpose</u>: Describe the piece of equipment, what it is used for, how it supports the grant goals/benefits, and allocation of costs, and how it aligns to the approved Plan of Work. (Example: The row crop tractor is an all-purpose piece of farm equipment with high power density, low weight, and high horsepower rating and is capable of transporting applications. The tractor will be used to support our agricultural extension program farm to assist with crop management. This aligns with Global Food Security Plant Production Systems and Health planned program area.
- 8) <u>Comments</u>: Use this space to provide any additional information about the request, including any time sensitivity.
- 9) <u>Supplies</u>: Please indicate YES if this would normally be a supply (item costing less than \$5,000 with a useful life of less than one year) but is included in the request because it is required to make another listed equipment item function and is therefore part of the per unit cost of acquiring the piece of equipment. If the item is a piece of equipment costing \$5,000 or more (or \$250,000 or more in the case of special purpose equipment), please indicate NO.
- 10) <u>Linked to item #:</u> If you indicated YES in the supplies column, please list the Item Number to which this item is linked.
- 11) <u>Authorized Representative Signature:</u> Have the individual authorized to make decisions on behalf of the grant sign the request.

- 12) Authorized Representative Name: Type of print the Authorized Representative's Name
- 13) **Date:** Enter the date the request is signed.
- 14) <u>Contact Name:</u> Enter the point of contact NIFA should reach out to in the event of questions.
- 15) **Phone number:** Enter the phone number of the point of contact NIFA should reach out to in the event of questions.
- 16) **Email:** Enter the email address of the point of contact NIFA should reach out to in the event of questions. The NIFA Authorized Departmental Officer will email approvals or questions to this email address.

Submit prior approval requests via email to capacityequipment@nifa.usda.gov.