

WIOA PRE-APPROVAL QUESTIONNAIRE for Equipment and Vehicle Over \$5,000

Complete this form for equipment or vehicles purchased in part or in full with WIOA grant funds when the single unit cost exceeds \$5,000 or total purchase cost exceeds \$10,000.

Equipment or Vehicle Description (*Make, Model, Model Year, etc*) _____

Proposed Purchase Price _____ Provider/Agency Name _____

Agency Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Requestor's Name _____

Title _____ Phone Number (*Include Area Code*) _____

1. The following price per outcome or unit benchmarks were considered (*List at least two price benchmarks. Attach documentation if available*): _____

2. The price benchmarks were compared to:
Other potential providers (*List number of other providers*): _____
The provider's past price (*List year[s] considered*): _____
Other (*Describe methodology*): _____

3. Based on this comparison
Price(s) are reasonable and justified because they are at or below going rates.
Price(s) are otherwise justified because (*explain*): _____

4. Was a competitive price analysis performed in accordance with 2 CFR 200.323 dated 12/26/14?
Yes (*Attach a copy of documentation*)
No (*Explain*): _____

5. Were Arizona state procurement guidelines followed in compliance with state policy?
Yes (*Attach documentation*)
No (*Explain*): _____

6. Use the table to show the breakdown of WIOA funds used for the equipment or vehicle.

FUNDING STREAM	PY (20)	FY (20)	PROG	ADMIN	PROG AMOUNT	ADMIN AMOUNT
YT						
AD						
DW						
TOTALS						

7. How will the equipment/vehicles be utilized? (*Explain in detail*)

8. Who will utilize the equipment/vehicle(s)? Are there designated or primary operators? _____
9. Will programs other than WIOA utilize the equipment or vehicle(s)? Yes No (If Yes, explain in detail): _____

10. How will the equipment be secured after normal business hours? If a vehicle, where is it parked overnight and weekends? _____

11. Are maintenance and other costs allocated to the appropriate cost allocation? Yes No (If no, explain in detail): _____

12. For vehicle purchases, have the driver's license records of all possible operators been reviewed?
Yes No N/A (If no, explain in detail): _____

13. How often are driver's license records reviewed and retained? Semi-Annual Annual N/A

14. Who will maintain detailed incident reports of all accidents? LWDA Other (Explain): _____

CERTIFICATION OF CAPITAL EQUIPMENT PURCHASE

This is to certify that I have reviewed the Pre-Approval Questionnaire for Workforce Innovation Opportunities purchases herewith and to the best of my knowledge and belief:

- 1) All costs included in this proposal to establish cost allocations or billings are accurate, current, complete, and allowable in accordance with the requirements of OMB Circular A-122 Revised 5/10/04 and A-133 Revised 6/26/07 and Circular A-87 Revised and for Federal grants awarded prior to 12/26/14, Federal grants awarded after 12/26/14 refer to 2CFR 200.323, and the Federal award(s) to which they apply.
- 2) All purchases included in this proposal are properly allocable to Federal awards based on a beneficial or casual relationship between the expenses incurred and the awards to which they are allocated in accordance with applicable requirements. Furthermore, the purpose of this questionnaire is to establish workforce investment purchases, through statewide and local workforce investment systems, that increase the employment, retention, and earnings of participants, and increase occupational skill attainment by participants and, as a result, improve the quality of the workforce, reduce welfare dependency, and enhance the productivity and competitiveness of the Nation.

I declare that the foregoing is true and correct.

LWDA Director or Designee's Name _____

Signature _____ Date _____

FOR REVIEWER'S USE ONLY

Reviewer's Name _____ Title _____

Reviewer's Signature _____ Date _____

Approved Denied

NOTE: If approval is granted, purchase must be made within 60 days or approval is revoked. If purchase is not made within 60 days of approval, a new complete submission is required. Approval must be received in writing to the LWDA before expenditure of WIOA grant funds with no exceptions.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.