Georgia WIC District Request to Purchase Form

Date Requested

District Information

District Name

Requestor Name Title

Phone Ext Fax Email Address

District Program Manager/District Administrator's Name Approved ☐ Yes ☐ No ☐ N/A

Phone Ext Fax Email Address

Details

Expenditure Type/Description (list separately)	# Units	Cost per Unit	Total Cost
(Please attach additional pages if necessary)		Grand Total	

Justification

Please provide a brief justification describing how the item will be used and by whom to provide/support service delivery

Name & title of individual(s) receiving equipment

Individual's employment status ☐ Full time ☐ Part time ☐ Hourly Note: *Non-employees are not eligible for state equipment purchase*

Item Procurement Method

Are funds available within the District's current program allocation? ☐ Yes ☐ No If no, explain

Is the purchase on a statewide contract? ☐ Yes ☐ No If no, explain how it will be procured?

Additional Comments:

APPROVAL SECTION

☐ Approved ☐ Denied (*specify reason*) Date

☐ Pending *(additional information requested)* Date

Comment

District Administrator Date

Comment

State Program Manager Date

State Program Director Date

Fax or email completed form to 404-657-2910 or mailto: wicadministrative@dph.ga.gov

Revised 5.5.14

Georgia Department of Public Health

Georgia WIC District Request to Purchase Form

I. District Information	
1. Date	Enter the date the request is being initiated
2. District Name	Enter the name of the originating health district where the equipment is being purchased
3. Requestor Name	Enter the individual's name completing the request
4. Title	Enter the title of the individual completing the request
5. Phone	Enter the office phone number of the individual completing the request
6. Ext	Enter the extension, where applicable
7. Fax	Enter the dedicated or confidential fax number of the individual completing the request
8. Email Address	Enter the email address of the individual completing the request
9. District Program Manager/District Administrator's Name	Enter the first and last name, and title of the DM or D. Administrator
10. Approved	Check yes, no, or NA (not applicable)
11. Phone	Enter the phone number of the DM or D. Administrator
12. Ext	Enter the phone ext of the DM or D. Administrator, if applicable
13. Fax	Enter the fax number of the DM or D. Administrator
14. Email Address	Enter the email address of the DM or D. Administrator
II. Details	
15. Item Type/Description (list separately)	List item type/description—a separate line for each item, i.e., *computer (laptop or desktop), docking station, keyboard, monitor, printer, copier, video conferencing equipment, furniture (specify item(s)), supplies, materials, etc.*
16. # Units	List the number of units
17. Cost per unit	Indicate the cost per each unit
18. Total cost	Enter the total cost, #Units x Cost per unit = total cost
19. Grand Total	Add the total cost for all lines (add separate sheet for additional items)
III. Justification	
20. Provide a brief justification describing how the equipment will be used and by whom, to provide support service delivery	Justification should include the rationale for the item purchase, not otherwise stated elsewhere in this document, examples may include but are not limited to, computers to update technology or replace broken system; computer for new staff, etc.
21. Name and title of individual(s) receiving equipment	Enter the full name and title of the individual who will be assigned to use the equipment. Note: Non-employees, contractors, temps, volunteers, etc. are not eligible for state equipment purchase
22. Individual's employment status	Check whether the employee is full time, part time or hourly
IV. Equipment Use	
23. Are funds available within he district's current program allocation	Indicate whether program allocated funds are available, If no, explain
24. Is the purchase on a statewide contract	Check yes or no. If no, explain why the statewide contract is not being used and what procurement methodology is being used
25. Additional Comments	Use this space to include additional comments to support the request
V. State Office Only	
Reserved for State Office Staff	The goal of the state office staff is to review and provide feedback and/or determination 7-10 business days of receipt complete information.

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VI. General Instructions	
1. Applicability of Form	This form should be used for all regular operating costs , equipment, capital assets (such as buildings, land and improvements to buildings) and information systems expenditures. Travel expenditures should be documented as described in the Public Health Information System (PHIL). The state agency will complete this form for all state level expenditures. For district expenditures, this form must be completed per the thresholds below. Furthermore, documentation similar to this should be completed for all district expenditures but only require state office approval as described in the threshold section of these instructions.
2. Statewide contracts, Agency Contracts and/or Purchase Orders	Procurements completed by using one of these instruments require this documentation only upon initiation of the procurement and not for each invoice paid under the respective instrument
3. Thresholds	**Regular operating expenditures** – Both the state and districts may make regular operating expenditures having a unit cost less than $25,000 upon their own approval (either Deputy Director of Program Administration or District Health Administrator as applicable). **Non state WIC office produced outreach or nutrition education material of any amount requires state WIC approval before procurement** **Non-Computer Equipment** – Both the state and districts may make equipment expenditures, **excluding motor vehicles**, having a unit cost less than $25,000 upon their own approval (either Deputy Director of Program Administration or District Health Administrator as applicable). Any regular operating expenditure or equipment expenditure having a unit cost of $25,000 or more, requires state agency approval and should be forwarded to the WIC Finance Manager or Deputy Director of Program Administration prior to procurement **Capital assets expenditures (such as buildings, land and improvements to buildings)** – Both the state and districts may make capital asset expenditures having a total cost of less than $5,000 upon their own approval (either Deputy Director of Program Administration or District Health Administrator as applicable). Expenditures of $5,000 or more must be approved by the state agency and adhere to the requirements of the Georgia WIC Clinic Renovation Package and should be forwarded to the WIC Finance Manager or Deputy Director of Program Administration prior to procurement **Information Systems Expenditures** – Both the state and districts may make expenditures with a total project cost less than $5,000 upon their own approval (by either Deputy Director of Program Administration or District Health Administrator as applicable). Any information system expenditure over $5,000 requires state level approval and should be forwarded to the WIC Finance Manager or Deputy Director of Program Administration prior to procurement

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4. USDA Approval and Notification	Georgia WIC will obtain approval from USDA for all equipment expenditures of a unit cost of $25,000 or greater prior to procurement Georgia WIC will obtain approval from USDA for all capital asset expenditures having a total cost $5,000 or greater prior to procurement Georgia WIC will provide USDA written notification of all information systems expenditures with a total project cost between $5,000 and $99,999 within 60 days of expenditure or contract execution
5. Retention Requirements	Per 200 CFR § 200.333 Retention requirements for records states, financial records must be retained for three years from the date of submission of the final expenditure report. For records subjected to litigation, claims or audit findings prior to expiration of the three (3) year period, such records must be retained until resolution of the litigation, claim or audit finding. For real property and equipment, records must be retained for three years after final disposition. This form should be retained with the procurement files for the procurement and made readily available upon request from Food & Nutrition Services review staff and auditors.

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