



REQUEST FOR PURCHASE REVIEW

CONTRACTOR:		PREPARED BY:	
Name:		Name:	
Address:		Title:	
CITY:	TEXAS	ZIP CODE:	DATE :
		TELEPHONE NUMBER:	

CERTIFICATION

1. The contractor assures compliance with the requirements of Workforce Solutions Standards and Guidelines 901 Inventory and Equipment.
2. The contractor assures that the property to be purchased:
 - is not already available;
 - will be used as described; and
 - if applicable, is compatible with Workforce Solutions equipment.
3. The contractor further assures that if the property to be purchased is to be used to provide training and/or administrative activities to support and benefit the programs.
 - such training will be for employment in jobs which have been identified as a demand occupation.
 - the costs of equipment will be expended against the program or programs receiving the percentage of benefit.

Signature

Print Name

Title

Date

H-GAC USE ONLY

This is to certify that staff of the Contractor named above has been contacted and they provided verbal assurance that the Contractor complied with the requirements of Workforce Solutions Standards and Guidelines 901 Inventory and Equipment.. The person contacted also assures that documentation supporting this procurement action shall be retained on file for verification purposes.

Person Contacted

Date

H-GAC Staff

Date

Comments: _____



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PROPOSED PURCHASE:			
<u>ITEM DESCRIPTION</u>	<u>UAC</u>	<u>QUANTITY</u>	<u>TOTAL COST</u>
(Attach Additional Pages If Necessary)	TOTAL:		
METHOD OF PROCUREMENT			
<input type="radio"/> Small Purchase <input type="radio"/> Competitive Negotiation (Request for Proposal [RFP])			
<input type="radio"/> Formal Advertising (Sealed Bids) <input type="radio"/> Noncompetitive (if noncompetitive, certification letter must be attached)			
ALLOCATION OF CHARGES			
	ADMIN	PROGRAM	
WIA	0%	0%	
CHILD CARE	0%	0%	
FSE&T	0%	0%	
TANF/CHOICES	0%	0%	
WtW	0%	0%	
Other _____	0%	0%	
<i>Describe / identify property's use.</i>			