**Purchasing & Additional Funding Request & Approval**

**Purpose:** Use this form to obtain State approval to purchase goods or services and to request additional funds for those purchases. Refer to the WIC Policy and Procedure Manual, Volume 2, Chapter 5, for specific information on the type of purchase you are considering.

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| **Agency Information** |
| Agency: | Click or tap here to enter text. | DOH Assigned Risk Level |
| Contact: | Click or tap here to enter text. |[ ]  Low |
| Contact Title: | Click or tap here to enter text. |[ ]  Medium |
| Contact Phone/Email: | Click or tap here to enter text. |[ ]  High |
| **Expense and Purchase** |
| What is the expense and purchase?  |
| Click or tap here to enter text. |
| The following purchases require prior written approval (check all that apply): |
|[ ]  Electronic Device |[ ]  Purchase is ≥ $ 5,000 |
|[ ]  Vehicle |[ ]  Capital Assets, Land, and Improvements |
| What is the total cost (including taxes, shipping, installation, etc.): $ | Enter amount. |
| What is the total cost with the indirect rate applied (if applicable): $ | Enter amount. |
| What is the total cost with the allocation cost method applied (if applicable): $ | Enter amount. |
| Why is it needed and what will it be used for? |
| Click or tap here to enter text. |
| What is the life expectancy? |
| Click or tap here to enter text. |
| What percent of time will it be used for WIC? |
| Click or tap here to enter text. |
| How was this percentage calculated? |
| Click or tap here to enter text. |
| **Funding** |
| 1. Will you use current WIC funds for this purchase?
 |[ ]  No |[ ]  Yes. Amount $ | Enter amount. |
| 1. Do you need additional funds for this purchase?
 |[ ]  No |[ ]  Yes. Amount $ | Enter amount. |

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| **Additional Information or Comments to Support Request** |
| Click or tap here to enter text. |
| **Local Agency Certification** |
| I certify that correct procurement procedures will be/were followed to determine the most responsible and responsive quote or bid. A copy of the proposed quote or bid is attached. |
| Click or tap here to enter text. | Click or tap here to enter text. | Enter date. |
| Printed Name and Title | Signature/eSignature | Date |
| **FOR STATE WIC OFFICE USE ONLY** |
| Date Received: | Date. | LPC/PCC: | Enter text. | Recommend Approval |[ ]  No |[ ]  Yes |
| Date Received: | Date. | Sup: | Enter text. | Recommend Approval |[ ]  No |[ ]  Yes |
| Date Received: | Date. | MGT: | Enter text. | Approved |[ ]  No |[ ]  Yes |
| Date to USDA: | Date. |  |  | WRO Approved |[ ]  No |[ ]  Yes |
| Additional Funds Request approved |[ ]  No |[ ]  Yes | Amount $ | Amount. |
| **Special Requirements (or reason for denial):**  |
| Click or tap here to enter text. |
| **LPC/PCC:** |
| Enter date. | Date approval/denial notification sent to Local Agency |
| Enter date. | Date CAR submitted to Financial Services, Contracts Unit |
| Enter date. | Date approved form sent to Financial Services, Fiscal Unit |

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Deaf or hard of hearing customers please call 711 (Washington Relay) or email WIC@doh.wa.gov.





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