
Purpose

Outline expenditures requiring prior approval and process for requesting approval.

**Process for
Obtaining Prior
Approval**

- A. Each local agency must request approval from the State Agency for the following expenditures:
1. Equipment, renovations, and repairs exceeding \$250.00.
 - a. Submit a request to purchase equipment or to complete repairs or renovations, to the State Agency, using the “Request For Authorization of Purchase--Equipment” form. A copy of the form follows this procedure.
 - b. If the purchase is approved, a copy of the “Request For Authorization of Equipment Purchase” will be signed and returned to the local agency.
 - c. If the purchase is disapproved, the local agency will be notified and will receive a copy indicating disapproval.
 2. Individual capital expenditures over \$5,000, unit cost, including facilities, medical equipment (leased or purchased), computers, and vehicles (leased or purchased).
 - a. Submit justification to the State Agency including the following:
 - A cost analysis with detailed information in item with at least three (3) bids from separate suppliers.
 - Why the item is needed.
 - A list of all options considered.
 - Agency’s procurement policies.
 - b. Vehicle purchase must also provide a cost analysis for:
 - Use of privately owned or agency owned vehicle and payment of a mileage rate for its use.
 - Purchase of a vehicle for WIC only. Estimate three (3) year life; include maintenance and insurance costs.
 - Joint purchase of a vehicle by WIC and other program(s) within your agency. Estimate three (3) year life; include maintenance and insurance costs.
 - Lease of a vehicle. Include maintenance and insurance costs. The cost of interest is not allowable.
 3. Consulting and contracted services.
 4. Purchase of all breast pumps.
 5. Purchase of all incentive items or outreach promotions.
- B. Each local agency must request prior approval through the State WIC Office and then through FNS Regional Office for the following

expenditures:

1. Non-computer equipment with a unit cost greater than \$25,000.
 2. Computer equipment purchases/leases, as part of the WIC computer system, exceeding \$5,000 but less than \$25,000 require prior State WIC approval and notification of the purchase to FNS.
 - a. Computer equipment purchases include hardware such as personal computers, monitors for individual workstations, printers, modems, keyboards, etc., whether used alone or as a part of a distributed system or a centralized system.
 3. Computer equipment purchases exceeding \$25,000 must have prior approval from the State WIC Office and FNS.
 4. Capital assets such as buildings, land improvements to buildings or land that materially increase their value or useful life, costing more than \$5,000.
- C. When requesting approval of the expenditures above, allow at least 45 days for processing the request.
- D. Proposals must be submitted and final approval given before acquiring or utilizing a vehicle, service, or other expenditure item. Any agency not following this procedure may be required to pay for the cost of the expenditure out of funds other than WIC funds.
- E. All requests must be signed by the WIC Director.

Request For Authorization of Purchase

Equipment —See Volume V, Section F, Page 2a-b



Local Agency _____ Agency ID # _____
 Requested by _____ Date _____

PURCHASE TYPE:

- | | |
|---|--|
| <input type="checkbox"/> Equipment > \$250 | <input type="checkbox"/> Non-Disposable Items, Multiple Units totaling > \$250 |
| <input type="checkbox"/> Computer or Related items | <input type="checkbox"/> Capital Expenditures > \$5000 per unit cost |
| <input type="checkbox"/> Renovations or Repairs > \$250 | <input type="checkbox"/> Vehicle Purchase |
| <input type="checkbox"/> Consulting or Contractual Services | <input type="checkbox"/> Other _____ |

FUNDING:

- Item/Purchase is outlined and included current fiscal year budget:
 List category number (ie 200.3) _____ Amount Budgeted \$ _____
 *Please ensure that actual expense coding on FSR matches budget category
- Item/Purchase is NOT included in current budget, however sufficient funds are available in the following category _____ and the following items/purchases will **not** be made in lieu of this purchase.
 List budgeted item and amount being replaced _____
- Purchase would require an increase of \$ _____ administrative funds

ITEM TO BE PURCHASED: (Attach Specifications)

Description of Item(s) _____
 Requested Number of items _____ Price per Unit _____ Total Cost _____
 Brand _____ Vendor: _____

DESCRIPTION OF USE:

Provide a detailed narrative on the use of the item including:

- Will item be solely used for WIC? Yes No
- If No, list other program and describe how cost will be split.
- How will item be used?
- Where will item be used?
 Include office or clinic location.
- Who will use item?
- When will the item be used?
- Is this a replacement item?
- Any additional information that will be helpful to know.
- Attach additional sheet, specifications or contract information as appropriate.

State Agency Use Only:

Reviewed by Admin. Operations Coordinator
 Approved Denied
 Comments: _____
 Date _____ Signature _____

Reviewed by Nutrition/BF Coord. or WIC IS&T Staff
 Approved Denied
 Comments: _____
 Date _____ Signature _____