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| **Indiana Governor’s Workforce Cabinet****Office of Career and Technical Education****2021-2022 Perkins Equipment / Asset Request Form****Grant Title:** 2021-2022 Perkins Grants (Basic and Leadership)**Grant #:** Full Grant #**Grant Period:** 07/01/2021 through 06/30/2022  |
| **Grantee Information****CTED / Fiscal Agent:** CTE District # / FA #**Grant Administrator:** Name of CTE Director or POC | **Date of Request (m/d/yy):** |

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| **Describe the equipment / asset to be purchased with Perkins funds.** |       |
| **Identify the CTE program(s) this purchase will support.**  |       |
| **Is this purchase supported by CLNA results? If not, please provide a thorough justification.** |       |
| **Is the related program high-wage, high-skill, and in-demand?** |       |
| **Does the related program meet the State’s definitions for SSQ?** |       |
| **Does this purchase support a new or existing program?**  | [ ]  New Program | [ ]  Existing Program |
| **Identify the activity (from the grant application) that correlates to this purchase.**  |       |
| **Estimated Cost of Purchase + Shipping / Fees / Installation** |       |
| **Verify adherence to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200.** | [ ]  Yes, this purchase complies with 2 CFR 200. |

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| **Grant Administrator:** | Signature: |  | Date:        |
| Printed Name: |       |  |
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**Save as a PDF and email the completed form to**: jecross@gov.in.gov.

**GWC-OCTE Approval**

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| [ ]  This purchase is allowable under 2 CFR 200. | [ ]  This purchase is allocable to the Perkins grant. |
| **GWC Grants Administrator:** | Signature: |  | Date: |
| Printed Name: | Jerris Cross |  |
| Title: | Assistant Director of CTE / Grants Administrator |  |