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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](mailto: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 | |  |