**Iowa Department of Public Health
Division of Tobacco Use Prevention and Control
Purchase Approval Request Form**

**Costs/Activities Requiring Pre-Approval from IDPH\***

**Prior to the Contractor purchasing any of the following items, the Contractor must receive written approval from the Department.** Approval of an application budget and action plan does not meet the Department pre-approval requirement. Contractors proposing costs that require pre-approval from the Department will submit a written request during the contract term, and prior to implementation or purchasing the item, along with any necessary **draft** advertising promotional items.

If written approval is not received by the Department prior to the Contractor’s implementation or purchase of an item requiring pre-approval, the Department may elect to not reimburse the Contractor for the item.

The items listed here must be pre-approved by the Department.

1. Advertising, educational materials and other form of promotion.

NOTE: All publications to include audio, visual or written materials which are developed and/or distributed using Division grant funds may be required to include the following attribution: “Produced with funding from the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control.”

* A small font and inconspicuous placement are acceptable, as long as the statement is legible.

2. Subcontracts for fulfillment of work or services relating to this contract in the amount of $2,000 or greater.

3. Purchase of other fixed assets such as automobiles or automotive vehicles, program equipment, or fixtures, or major medical equipment.

4. Paid speakers.

5. Trainings including registration cost and any other related travel expenses

(mileage/airfare, lodging or meals) directly related to attend training **NOT** required by the division.

6. Teaching of K-12 prevention or cessation curricula or adult cessation counseling

provided by budgeted staff.

7. Dues to organization or federations.

\*Contract language as written in the FY19 Contract

**Please complete the information on the next page and submit this form to your CHC via Iowagrants.gov correspondence.**

**Community Partnership:** Click or tap here to enter text.

**Staff Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**What is the item you are requesting to purchase?**\*Please include a description along with a picture and/or link to the item.

Click or tap here to enter text.

**What is the cost of the item?** Click or tap here to enter text.

**What is the quantity you are requesting to purchase?** Click or tap here to enter text.

**Where does this purchase fit in your action plan?** Click or tap here to enter text.

**Where in your budget will this cost be paid from?**\*If this request covers multiple counties, please include where in the budget it will be paid from, from which county(s), and the amount for each county.

Click or tap here to enter text.

**For CHC use:**Approved [ ] Not Approved [ ]  Date Click or tap here to enter text.