

Vehicle and Equipment Replacement/Purchase Request Form

Iowa Weatherization Program

The purchase/replacement of vehicles and equipment using weatherization funds must have prior approval. **DOE** funds must have prior **Iowa Weatherization Assistance Program (WAP) and DOE** approval when the **unit purchase price is \$5,000** or more. **HEAP** funds must have prior **WAP** approval when the **unit purchase price is \$5,000 or more**.

Refer to Section 9.0 of the Policy and Procedures manual.

The agency is responsible for ensuring that it has sufficient funds to cover the cost of the requested purchase.

Agency Name: _____ **Date:** _____

Funds to be used: DOE Admin/Support HEAP Equipment Other (specify) _____
 BIL Admin/Support HEAP Admin/Support

Reason new vehicle/equipment is needed: Replacement Other (specify) _____

Purchase Justification: Explain why the vehicle(s)/equipment is needed and who will be using the items. If the purchase is to replace a vehicle(s) or piece of equipment, please explain why.

Vehicle(s)/Equipment Being Replaced (if applicable):

Item Description <small>(Year/Brand/Make/Model/VIN/Serial Number)</small>	Quantity	Mileage <small>(if applicable)</small>	Original Funding Source <small>(HEAP/DOE/BIL/Other)</small>	Estimated Present Value*	Method of Disposal <small>(Trade/Sell/Scrap/Transfer)</small>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* **NOTE:** All documentation relating to the vehicle/equipment being replaced must accompany this form (trade-in offer, Kelly Blue Book, NADA, Ebay, or similar comparison value printout (if applicable)).

New Vehicle(s)/Equipment Being Requested:

Item Description <small>(Year/Brand/Make/Model/VIN/Serial Number)</small>	Quantity	Unit Price	Trade-In or Other Credit <small>(if applicable)</small>	Net Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was the bid proposal advertised in a newspaper or other media? Yes No N/A

* Not applicable if bid was not advertised in a newspaper or other media.

* Advertisement must be sent along with this form.

If applicable, in which media did you advertise? _____

If applicable, dates advertised. From _____ To _____

Number of bid proposals sent to vendors. _____ N/A

* Not applicable if bid request was advertised.

Number of bids received back from vendors. _____ Selected vendor was low bidder. Yes No

Selected Vendor Name: _____

Bid Specifications: (* In ALL cases, bid requests must be sent along with this form for review.) If vendor selected was not low bidder, explain the reason the vendor was chosen.

Agency Review:

Agency Representative Approval: _____ **Date:** _____
(Entering your name serves as your digital signature)

Agency Representative Title: _____

Agency Contact Person: _____

WAP Review: WAP Approval: Yes No

WAP Representative Approval: _____ **Date:** _____
(Entering your name serves as your digital signature)

DOE Review: DOE Approval Needed: Yes No DOE Approval: Yes No

DOE Representative Approval: _____ **Date:** _____
(Entering your name serves as your digital signature)

DOE Representative Title: _____

Notes: