

REQUEST FOR PURCHASE REVIEW

| Contractor: Name: | | | Prepared By: Name: | | | | | | | | |
|--|--|--|---|---|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| Address: | | | Title: | | | | | | | | |
| Сіту: | TEXAS | ZIP CODE: | DATE: | TELEPHONE NUMBER: | | | | | | | |
| CERTIFICATION | | | | | | | | | | | |
| Guidelines 901 Inventor The contractor assures is not already availa will be used as desc if applicable, is com The contractor further administrative activities such training will be | ory and Ed that the pable; cribed; and apatible wassures the es to suppo | quipment. roperty to be I ith Workforc at if the proport and benefloyment in jol | purchased: e Solutions equipme perty to be purchased it the programs. bs which have been i | nt. d is to be used to provide training and/or dentified as a demand occupation. or programs receiving the percentage of | | | | | | | |
| Signature | | | Print Name | | | | | | | | |
| Title | | | Date | | | | | | | | |
| | | | SAC USE ONLY | | | | | | | | |
| Contractor complied with t | he require tacted also | ments of Wo | orkforce Solutions Sta | d and they provided verbal assurance that the indards and Guidelines 901 Inventory and ting this procurement action shall be retained | | | | | | | |
| Person Contacted | | Date | | | | | | | | | |
| H-GAC Staff | | Date | | | | | | | | | |
| Comments: | | | | | | | | | | | |



REQUEST FOR PURCHASE REVIEW

| Proposed Purchase: | | | | | | | | | |
|-------------------------------------|--|--------------|------------|---|------------------|----------------------------|--|--|--|
| ITEM DESCRIPTION | | | <u>UA</u> | <u>.C</u> | QUANTITY | TOTAL COST | | | |
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| | | | | | | | | | |
| | (Attach Additional Pages If Necessary) | | | TOTAL: | | | | | |
| | | METHOD OF P | ROCUREMENT | • | | | | | |
| 0 | Small Purchase | | O Com | petitive N | egotiation (Requ | est for Proposal [RFP]) | | | |
| ^ | Formal Advantising (| Cooled Dide) | O Nonc | | . /:f | itiva aputification latter | | | |
| U | O Formal Advertising (Sealed Bids) | | | Noncompetitive (if noncompetitive, certification letter must be attached) | | | | | |
| ALLOCATION OF CHARGES | | | | | | | | | |
| | ADMIN | | | PROGRAM | | | | | |
| ADI | | ADMIN | | | | | | | |
| WIA | | | 0% | | | 0% | | | |
| CHILD CARE | | | 0% | | | 0% | | | |
| FSE&T | | | 0% | | | 0% | | | |
| TANF/CHOICES | | | 0% | | | 0% | | | |
| WtW | | | 0% | | | 0% | | | |
| Other | | | 0% | | | 0% | | | |
| | | | | | | | | | |
| Describe / identify property's use. | | | | | | | | | |
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