Note: **This application form must be submitted, with all required substantiating**

**documentation, at least 21 days before awarding the contract for such equipment.**

1. a) Name of Agency:
	1. Address of Agency:
	2. Agency Contact: Phone: Email Address: Fax:
	3. Agency Address and Contact Person (if different from above)
	4. Reviewed by Purchasing Office (signature):
	5. Head of the Agency or his or her Designee (signature):
2. a) CM Number & Description
	1. Proposed Location of Equipment:
	2. Equipment Vendor Name, Address: Equipment Vendor FEID No.
	3. Financing Vendor Name, Address:

Name: Address:

* 1. Financing Vendor FEID No.
1. Attach written justification based on public purpose served by acquisition, need, size of purchase, and financial benefit to the State for deferred payment purchase. Attach documentation supporting recurring funds requirement in Sections 287.063(5) and

287.064 (11) (i.e. Budget Officer Letter)

1. FLAIR Account from which payments will be made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vendor Selection Method — State Term Contract # -

Other Selection Method

*\* Attach bid tabulation sheet or other appropriate document.*

1. Were funds specifically appropriated to purchase or replace existing equipment with this equipment? No Yes

Appropriation line item number Appropriation amount for current FY $

1. If acquisition is for Information Technology Resources that have a purchase price more than threshold amount for Cat. THREE in §287.017, F.S., attach Chief Information Officer or Delegate Approval if required by your agency or university.
2. Ensure that:
	1. An equipment schedule is prepared in detail.
	2. The equipment meets the definition of commodity, pursuant to Section 287.012 (5), F.S., and the ownership provisions of the agreement will be satisfied.
	3. Insurance selection on equipment has been made (check one of the following):

Self-insurance Commercial insurance policy

1. Acquisition for all Conservation Measures should be in compliance with provisions of Section 489. 145, F.S.
2. a) Requested financing term Quarters
3. Equipment useful life Quarters
4. Anticipated period the equipment will be used before major upgrade, modification or replacement Quarters
5. Anticipated completion date
6. Equipment — Total Purchase Price

Less Discounts, Credits, Rebates

Less Trade-in

Less Freight and Installation

Less Maintenance Total Cash Sale Price — Amount to be capitalized Less Down Payment (if any)

12. Amount to be financed:

First payment is due within ten (10) days of funding. Subsequent payments are due quarterly thereafter.

Send to:

Department of Financial Services

Bureau of Accounting, Finance and Federal Reporting Section 200 E. Gaines Street, 464L Fletcher Building

Tallahassee, Florida 32399-0364

Phone: (850) 413-5511

E-mail Address: financing@myfloridacfo.com

APPROVED

DEPARTMENT OF FINANCIAL SERVICES DIVISION OF ACCOUNTING AND AUDITING BY: DATE: APPROVAL NO: