**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: |  |
|  | b) | Address of Agency: |  |
|  | c) | Agency Contact: |  | Phone: |  |
|  |  | Email address: |  | Fax: |  |
|  | d) | Agency Address and Contact Person (if different from above) |       |
|  |  |       |
|  | e) | Reviewed by Purchasing Office (signature): |       |
|  | f) | Submitted by (signature): |       |
| 2. | a) | Equipment Description |       |
|  |  |       |
|  | b) | Proposed Location of Equipment: |       |
|  | c) | Equipment Vendor Name, Address: |       |
|  |  | Equipment Vendor FEID No. |       |
|  | d) | Financing vendor name, address: |
|  |  |  Name:  | Banc of America Public Capital Corp. |
|  |  |  Address:  | 3400 Pawtucket AveEast Providence, RI 02915 |
|  |  | Financing Vendor FEID No. | 48-1173664 |
| 3. | 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) |
| 4. |  | FLAIR Account from which payments will be made: |
|  |  |   -  - -     -     -  -     -   |
| 5. | Vendor Selection Method – State Term Contract # |       -       |
|  | Other Selection Method |
|  | \*      |
|  | \* *Attach bid tabulation sheet or other appropriate document.* |
| 6. | Were funds specifically appropriated to purchase or replace existing equipment with |
|  | this equipment? No | [ ]  |  Yes | [ ]  |
|  | Appropriation line item number |       |
|  | Appropriation amount for current FY | $      |
| 7. | 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 Delegee Approval if required by your agency or university. |

|  |  |
| --- | --- |
| 8. | Ensure that: |
|  | a) | An equipment schedule is prepared in detail. |
|  | b) | The equipment meets the definition of commodity and ownership provisions of agreement will be satisfied. |
|  | c) | Insurance selection on equipment has been made (check one of the following): |
|  |  | Self-insurance | [ ]  | Commercial insurance policy | [ ]  |
| 9. | If purchasing a telephone system, attach Department of Management Services’ approval. |
| 10. | a) | Requested Financing term |       | Quarters |
|  | b) | Equipment useful life |       | Quarters |
|  | c) | Anticipated period the equipment will be used before major upgrade, |
|  |  | modification or replacement |       | Quarters |
|  |  | Anticipated acceptance date |       |
|  |  |  |
| 11. | Equipment – Total Purchase Price | $      |
|  | Less Discounts and Credits | (       ) |
|  | 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 Financial Reporting, Finance Section |
| 200 East Gaines Street, 414 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: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_