

Grant # \_\_\_\_\_  
Contract # \_\_\_\_\_  
Account # \_\_\_\_\_

**AUTHORIZATION TO PURCHASE EQUIPMENT WITH FEDERAL CONTRACT OR GRANT FUNDS**

To be filled in and attached to all requisitions or purchase orders involving expenditure of federal funds for equipment with unit cost of \$5,000 from grants.

Check and Fill in the Applicable Block or Blocks.

Purchase requires prior written approval from the sponsoring agency (Administrative Contracting Officer or other official specified in the contract/grant document). This approval is attached.

Purchase does not require prior written approval of the sponsoring agency for the following reason(s):

Equipment title to be vested:

Federal Government       University

Multiple Federal Sponsors: If so, indicate cost allocation plan to accounts with approvals cited in blocks 1 or 2. This plan is attached.

Cost Sharing: If so, indicate percentage of Federal and University participation.  
(Example: 60/40, 50/50, 70/30, etc. with Federal or State funds.)

FEDERAL	STATE

Item is classified as Industrial Plant Equipment (IPE). Unit cost exceeds \$10,000 (applies to DOD contracts and grants and NASA contracts).

DD Form 1419 is attached showing approval and certifying nonavailability.

Remarks:

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\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Fiscal Officer

**PREACQUISITION EQUIPMENT SCREENING CERTIFICATION**

In accordance with Federal Government regulations and University of Hawaii Administrative Procedure A8.290, the following screening action was accomplished to ascertain the availability of a

\_\_\_\_\_ for \_\_\_\_\_  
(Description of Equipment) Name of Project or

\_\_\_\_\_, at an estimated  
use of equipment as apropos  
cost of \$ \_\_\_\_\_.

NOTE: For equipment with an estimated cost of \$5,000 and less than \$25,000, the inventory of the department shall be screened for available usage. For equipment with an estimated cost of \$25,000 or more, University-wide screening is required for available usage.

A. Individuals and departments contacted were:

(Note: Applies to equipment with estimated value of \$5,000 or more only.)

NAME	RESPONSE	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Sufficient availability does not exist because \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal Investigator