



## Food Assistance — Equipment Repair Request / Approval Form

This form is for equipment repairs that cost \$5,000 or more per unit, to be funded entirely or in part by Food Assistance (FA) funds. Before completing this form, review the FA Equipment and Equipment Repairs Guidelines (WSDA publication 609-454) about repairs including the definitions. Period of Use may apply depending on equipment, funding source, and circumstance of repair needed. Requests will not be processed without all required documentation.

Lead Agency Name:	Date of Submittal:
Sub Agency Name:	Email Address:
Contact Person:	Phone Number:

### Equipment to be Repaired

Item Description	Originally procured, purchased, or funded by	When procured or purchased	Equipment is on FA Annual Inventory Report?	Did equipment have a period of use?
Type of Equipment Being Repaired (brand; size; for vehicles: make, model, year)	Provide original funding source	Month and Year	If originally FA funded	If yes, expiration or end date, otherwise No or N/A See Guidelines for details.

### Pre-Repair Estimates (for Lead Agency use only)

Unit Repair Cost	Anticipated Amount to Charge FA Programs
Net Unit Price (includes materials, labor, sales taxes, & disposal fees)	What is the percentage of repair charged to FA programs?

### Justification / Reason for Repair (is repair justifiable versus new replacement?)

Emergency:  Yes       No

Explanation:

### Lead Agency Certification

In submitting this request, the Lead Agency certifies on its behalf and /or is certifying on behalf of its Sub Agencies that procurement records will be on file and available for review. Lead Agency is responsible for requesting approval and Annual Inventory Report tracking. An inventory must be taken and reconciled with equipment records at least once every two years. *If using federal funding, please note repair costs must be in accordance with [2 CFR Part 200 Subpart D](#) and all applicable procedures and guidelines.*

**WSDA FA Review Decision (for WSDA use only)**

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date: _____ Reviewer: _____ Comments: _____  Bid/Quotes: required documentation must be provided. <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide reason: _____ Was original equipment funded with FA funds? <input type="checkbox"/> Yes <input type="checkbox"/> No Was original equipment listed on Annual Inventory Report? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the original equipment purchased with FA funds have any period of use requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No  If equipment purchased with FA funds and has no current period of use (period expired or did not have one) any repair \$5,000 or more will be subjected to a new period of use. If equipment purchased with FA funds is still in its original period of use, no additional period of use will be added based on the repair. If equipment was not purchased with FA funds any repair \$5,000 or more will be subject to a period of use.  <b>Period of Use Determination</b> <input type="checkbox"/> Estimated costs for this repair are \$5,000.00 - \$9,999.99. Period of Use: one (1) year. <input type="checkbox"/> Estimated costs for this repair are \$10,000.00 - \$19,999.99. Period of Use: two (2) years. <input type="checkbox"/> Estimated costs for this repair are \$20,000.00 and over. Period of Use: four (4) or more years.  Period of Use Determination Calculated End Date: _____ <ul style="list-style-type: none"> <li>For TEFAP and CSFP: use the end date of current biennium and add the number of years according to the period of use determination above.</li> <li>For all other programs: use end date of Agreement and add the number of years according to the period of use determination above.</li> </ul>
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**Post-Project Verification of Reimbursement (for Lead Agency use only)**

The Lead Agency must submit this completed form with the invoice voucher. All fields are required. The Program Index is in most cases listed on the invoice voucher. Please contact your FA Representative with any questions.

Finalized Total Cost	Food Assistance Funding Source				Total Reimbursed by FA
Total Repair Cost	Program Index and Dollar Value	Program Index and Dollar Value	Program Index and Dollar Value	Program Index and Dollar Value	