



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
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ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
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Fixed Asset Purchase Policy
Budget Period 4
July 1, 2023 – June 30, 2024

Fixed assets are defined by the Commonwealth of Massachusetts Office of the Comptroller as singular assets (including infrastructure) such as equipment, furniture, computer software and all electrical and computer components with a useful life of more than one year and with a cost between \$1,000- \$49,999.

Fixed Asset Inventory Report

The Massachusetts Department of Public Health Office of Preparedness and Emergency Management (DPH OPEM) is responsible for oversight and tracking of fixed asset expenditures purchased with federal emergency preparedness funds. Health and Medical Coordinating Coalitions (HMCC) Sponsoring Organizations must maintain an inventory of all fixed assets and report them via the Fixed Asset Inventory Report to DPH OPEM.

The following criteria apply to the purchase of any fixed asset with a cost between \$1,000 and \$49,999 using federal or state emergency preparedness funding:

1. An inventory of all fixed assets must be maintained on the Fixed Asset Inventory Report and fixed assets must be tagged with a DPH OPEM tracking label upon receipt of the item.
2. The inventory tracking system must include the date of purchase; serial number or other unique identifier for each item purchased; address where the item is located; name of the person responsible for maintaining the item; date and reason item was moved or removed from service with exact current disposition of location, e.g. storage, another department or entity; and other information as determined by DPH OPEM.
3. Fixed assets purchased with funds provided from DPH OPEM are owned by and must be returned to DPH OPEM at the end of the contract period, if requested.
4. Fixed assets must be periodically verified to ensure that information in the database is correct and up to date and also that materials remain in service.
5. Purchase of any fixed asset must follow all local, federal and state procurement regulations.
6. The Fixed Asset Inventory Report must be submitted to DPH OPEM at dphmcc@mass.gov.us on June 30, 2024.

Capital Asset Requests

The Federal Office of Management and Budget has established a capital threshold of \$5,000 for articles of nonexpendable, tangible personal property having a useful life of more than one year. All fixed asset purchases valued at \$5,000 (capital threshold) or more must be pre-approved by DPH OPEM. *Noncompliance with this policy may necessitate repayment of funds received and/or ineligibility for future funds.*

Process for Capital Asset Purchase Submission, Review, and Appeal

1. HMCC Sponsoring Organizations must use the Capital Asset Request Form (Appendix C) to obtain pre-approval from DPH OPEM prior to using federal or state emergency preparedness funds to purchase a fixed asset costing \$5,000 or more. All form fields must be completed in order for the request to be considered. Completed forms must be provided to the HMCC Sponsoring Organization for submission to DPH OPEM via email at dphhmcc@mass.gov.
2. Upon receipt of a Capital Asset Request Form, DPH OPEM will review and log the Form. Every request to purchase a capital asset will be reviewed and approved by either the Public Health Preparedness and Response Manager (for PHEP or state fund requests) or the Healthcare Preparedness and Response Manager (for HPP fund requests) (“review staff”). Each request will be reviewed to determine that the expenditure is part of an approved budget and reasonable, directly related to supporting or enhancing public health or healthcare emergency preparedness, and consistent and within the scope of the federal grant guidance, MRC Guidelines, DPH OPEM deliverables, and the DPH OPEM Grants Management Manual.
3. When being considered, the review staff will review the Form and determine whether additional information is required prior to decision. If necessary, contact will be made with the HMCC Sponsoring Organization to request any additional information needed. The review staff will not consider a request until the form is complete and all necessary information has been obtained.
4. Following review, the review staff will approve or deny the request. DPH OPEM will maintain a log for each request reviewed by the review staff, noting the date of review and disposition of the request. If a request is denied, the log will include a statement of the reasons for the denial.
5. The review staff will notify the HMCC Sponsoring Organization in writing of its determination by close of business on the Friday immediately following the Thursday review. A request to purchase a fixed asset with a cost of more than \$5,000 may also require review and prior approval from CDC or ASPR. If this is necessary, DPH OPEM will seek approval as quickly as possible once the item has been approved within DPH OPEM. If a request is denied, the notice will indicate the reason(s) for the denial, identify possible alternatives to address the need identified in the request, offer to

schedule a conference call with the HMCC Sponsoring Organization to discuss the request, and describe the process for appealing the review staff's decision.

6. DPH OPEM will maintain copies of all requests received, supporting documentation, written notifications of the disposition of each request, requests for appeal, and disposition of any appeals.
7. If the review staff denies a request, the requesting entity may appeal the decision by sending a written notice of appeal to the Director of the Office of Preparedness and Emergency Management dph.emergencypreparedness@mass.gov within **ten (10) business days** after the date that the notice of denial was sent.

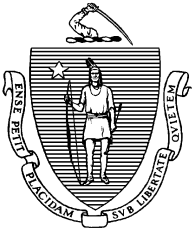
In the notice to the DPH OPEM Director, the HMCC Sponsoring Organization should state its rationale for appealing the decision of the review staff, specifically addressing the reasons stated in the notification of denial as well as the feasibility of any alternatives suggested by the review staff.

The Director will convene a conference call or in-person meeting to discuss the appeal as soon as practicable; participants for the conference call or meeting will include the director, the review staff and a representative from the HMCC Sponsoring Organization.

Prior to the conference call, the review staff will provide to the Director a copy of the notification of denial and the Capital Asset Request Form, along with any supporting documentation that was submitted and considered by the review staff. The requesting HMCC Sponsoring Organization may submit to the Director additional documentation to specifically address the reasons for denial and/or the feasibility of any alternatives suggested by the review staff.

During the conference call, the HMCC Sponsoring Organization will have an opportunity to provide its reasons for appealing the decision of the review staff, and to discuss any additional documentation submitted for review by the Director. The participants will review and discuss the reasons for denial, and consider any additional documentation submitted on behalf of the requesting entity. The focus of the discussion during the conference call will be to determine whether the proposed expenditure is reasonable, directly related to supporting or enhancing public health emergency preparedness, and consistent and within the scope of the federal grant guidance, MRC Guidelines, DPH OPEM deliverables, and the DPH OPEM Grants Management Manual.

The Director will provide a decision in writing to the HMCC Sponsoring Organization review staff within five (5) business days after the conference call. The response to the appeal will provide a summary of the discussion from the conference call or in-person meeting, and fully state the grounds for granting or denying the appeal. If the appeal is denied, the director will work with the HMCC Sponsoring Organization to determine whether it wishes to request further review of the decision by the appropriate federal program Project Officer.



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Capital Asset Purchase Request Form

Purchase of a capital asset, an item with a cost of \$5,000 or more and a useful life of more than one year, requires submission of this form for prior authorization by DPH OPEM. See Appendix C for an explanation of the Fixed Asset Purchase Policy.

- ✓ The requesting entity must complete and submit this form for each single item with a cost of \$5,000 or more and a useful life of more than one year. **All fields must be completed or the form will be returned.**
- ✓ The HMCC Sponsoring Organization will review and sign the form, and submit it to DPH OPEM at dphmcc@mass.gov for approval.

Request submitted by			
Name:		Organization:	
Address:			
Phone number:		Email address:	
Funding Source(s) Used for Purchase			
<input type="checkbox"/> PHEP	<input type="checkbox"/> HPP	<input type="checkbox"/> HMCC	<input type="checkbox"/> MRC
Will funds from another source support the purchase? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, what is funding source and amount?:			
Item Description			
General description:		Brand:	
Model number:		Number of items <i>(if more than 1)</i> :	
Cost per Item:		Total cost of request:	
How will the fixed asset be used and by whom?:			

How will the purchase directly support or advance a public health or healthcare preparedness capability:

Where will the fixed asset be located, and who is responsible for storing and maintaining the fixed asset? *Liability for theft and/or damage of the asset while in storage lies with party responsible for maintaining the fixed asset.*

Fixed asset location:

Name of responsible person:

Address:

E-Mail Address:

Phone Number:

For Sponsoring Organization or Host Agency use only

Reviewed by:

Date:

Date submitted to DPH OPEM:

For DPH OPEM use only

Date request received:

Date reviewed:

Reviewed by:

Approved **Not Approved**

Reason(s) for denial:

Notice of Decision Sent By: Name:

Date:

Appeal Requested?

Yes

No

Date Appeal Request Received:

Summary of Appeal and Decision: