



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
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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: