# DIVISION OF AGING PRIOR APPROVAL REQUEST FORM

*To be used to obtain approval from the Division of Aging (Division)*
*For projects costing $10,000 or more*

Directions for Use

Section 1 is to be used by a provider/agency requesting the waiver.

- Provider/agency to the AAA
- AAA to the Division

Section 2 is to be used by the AAA or the Division to review and approve the provider/agency request

- This section will be NA if the AAA is the requesting agency
- The Division can use this section if the AAA is the requesting agency

Section 3 is to be used by Division staff only

**SECTION 1**

**CONTACT INFORMATION**

Date of Request:

Provider/Vendor Name:

Project Contact Name, Email, and Telephone Number:

**FUNDING INFORMATION**

Total Estimated Cost of Project:

Total Amount Request from Aging Funds:

Funding Source and ARMS Code:

**PROCUREMENT INFORMATION**

List all vendors that submitted quotes and provide documentation of the quote with this submission. Must have three quotes; if not, provide justification.

Quote 1:

Quote 2:

Quote 3:

Justification for lack for three quotes:

Justification if lowest bid not taken:

**BENEFICIARIES**

If for an individual client, list first two initials of first name and last name:

Who will benefit from this acquisition (participants, staff, both, etc.)?

What is the expected effect for the individual or organization?

**BUILDING INFORMATION**

Is the building owned or leased/rented (if applicable)?

Does the building share space with another agency that serves, or does not serve, older adults? ☐Yes ☐No
If yes, name the agency and what it does. Include the percentage of space used by the other agency.

Does the building share space with another agency that does not serve older adults? ☐Yes ☐No
If yes, name the agency and what it does. Include the percentage of space used by the other agency.

Building Improvement's Only-provide documentation that the Landlord 1) has approved the improvement; 2) will not increase the rent for the remainder of the lease.

**PROJECT DESCRIPTION**

Describe the project. Include reason and details to support the project and expense.

Why is this acquisition needed?

**APPROVAL**

Authorized Provider/Agency Signature and Date:

Date submitted to the AAA or Division:

**SECTION 2**

Date received at AAA or Division:

Is this project allowable based on current program and acquisition standards and definitions?

Were three quotes with documentation provided and the lowest bid taken? ☐Yes ☐No
If not, is the justification approved? ☐Yes ☐No

Date of AAA or Division approval:

Authorized AAA or Division signature*:

Date submitted to Division:

**With these signatures, the AAA or Division affirms that the statements are true and accurate. Efforts to verify information have been made and risk mitigation has been considered in this review.*

**SECTION 3-DIVISION USE ONLY**

Date received at Division:

Staff Approval and date

- Subject Matter Expert:
- Lead Monitor:
- Budget:
- Section Chief:
- Division Director or Representative:

Date of approval or denial

- Date approval sent to AAA:
- Reason for denial:
- Can project be resubmitted? ☐Yes ☐No

Additional Notes: