

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

PROPERTY REQUISITION AUTHORIZATION FORM (PRAF)

(MUST BE SUBMITTED TO AND APPROVED BY CDLE PRIOR TO THE ACQUISITION OF EQUIPMENT WITH A USEFUL LIFE OF MORE THAN ONE YEAR AND AN ACQUISITION COST OF \$5,000 OR MORE PER UNIT)

Form section for (1) Name, (2) Request Date, and (3) Contact Person (Phone, Address).

Table with columns: Description of Property, Number of Units, Unit Cost, Total Cost, and Planned Program Percentage of Contribution (Program Name, %).

(Attach Additional Pages if Necessary) Total:

Signature sections for (10) Director Signature and (11) Authorized Signature.

CDLE OFFICE USE ONLY: (12) Monitor and (13) Property Agent sections with checkboxes for Approve, Deny, Use Surplus.

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Instructions: The following are instructions for filling out the Property Requisition Authorization Form (PRAF). Incorrect or incomplete forms will not be processed. They will be returned un-signed to the subrecipient.

Note: A letter must be attached to each submitted PRAF stating the purpose and use of the property.

- (1) **Name:** Enter the subrecipient's name and address on the appropriate lines.
- (2) **Request Date:** Enter the date that the new/additional equipment is being requested.
- (3) **Contact Person:** Enter the name, address, and phone number of a contact person who can answer questions or give information regarding the submitted
- (4) **Description of Property:** Enter a description (including brand and/or manufacturer name and model number) of the equipment being requested; attach additional pages, if necessary.
- (5) **Number of Units:** Enter the number of units desired.
- (6) **Unit Cost:** Enter the unit cost of each item desired.
- (7) **Total Cost:** Multiply the Number of Units by the Unit Cost of each item.
- (8) **Program Name:** Enter the name of the program(s) (e.g., WIA, WTW, General Fund, TANF, etc.) that will contribute to the cost of the equipment purchase.
- (9) **%:** Enter the percentage each program(s)' planned contribution to the cost of the equipment purchase.
- (10) **Director Signature:** Enter the original signature of the subrecipient's director. Facsimile signatures are not acceptable. Print the Director's Name and the date the Director signed the PRAF.
- (11) **Authorized Signature:** Enter the original signature of the authorized signature. If the recipient is a County, enter the original signature of the County Commissioner. If the recipient is a City, enter the original signature of the Mayor. If the recipient is a Non-Profit or Commercial entity, enter the original signature of the Director. Facsimile signatures are not acceptable. Print the Authorized Signature's Name and date that signed the PRAF.

CDLE OFFICE USE ONLY:

- (12) **Monitor:** Check the appropriate box. Enter your original signature and date the you signed the PRAF.
- (13) **Property Agent:** Check the appropriate box. Enter your original signature and date the you signed the PRAF.