Equipment/Modular Furniture Acquisition Assessment Form

Step 1. OCM BOCES staff member and Supervisor will complete the form together.

Step 2. The Supervisor and Program Director will discuss the form and determine next steps.

Step 3. If the Supervisor and Program Director approve the acquisition, they will sign the form and forward to the Director of Facilities

Campus Room No.	Program	Staff Member	Date

Equipment/Modular Furniture Information				
Description of current situation				
Condition/status of current equipment/furniture (if applicable)	Has equipment/furniture been previously repaired? Yes No			
Estimated Cost of Repair	By BOCES $	By Vendor $	**Estimated Cost to Replace** $	
Impact on curriculum and instruction				
How does this purchase fit with the long-range plan for the program? (standardizing/ updating or replacement cycle)				
Is this a purchase of Modular Furniture? (Modular furniture - defined as any furniture requiring assembly or containing partitions which may inhibit access to power, data or voice connections.)	Yes No **Additional Comments:**			
Equipment Name: **Manufacturer Name:**	Equipment Description: Proposed location for Equipment: Please see attached quotes. (If Applicable)			
Does the requested purchase meet industry standards? (if applicable) Is similar equipment/furniture being used in industry? **Yes No**	Have you discussed this equipment with your consultant committee? Consultant Committee Recommendations:			
Recommendation following assessment of current equipment/furniture	Repair by BOCES	Repair by Vendor	Replace with used Equipment	Purchase New Equipment
Disposition of Existing Equipment/furniture following final assessment	Remain in Place	Asset Transfer	Declare as Surplus for Board Approval	
Director of Facilities Comments: (Attach separate sheet if necessary)				

Supervisor Signature _____ Date _____

Program Director Signature _____ Date _____

Forwarded to Director of Facilities: Greg Haberlau   Date _____

Forwarded to Manager of Central Services: Lynda Russell   Date _____

Budget Code _____--_____--_____

Comments: _____