

[Close Printer Friendly Page](#)[Agency of Education](#)**Applicant:** S025 Lamoille North SU

Equipment Approval App ▼

**Application:** 2022 Equipment Approval App - A1-Test  
Application**Project Period:** 7/1/2020 -  
6/30/2021[Printer-Friendly](#)**Cycle:** Original Application**Required Information**Federal Funding Source: 

Description of Equipment: (0 of 200 maximum characters used)

Total Estimated Cost of \$   
Equipment:Total Number of Units: Estimated Cost Per Unit: \$ 

Describe the purpose and use of this Equipment: (0 of 300 maximum characters used)

Describe how this Equipment is reasonable and necessary under the proposed federal grant: (0 of 300 maximum characters used)

Please select the option that best describes this equipment:

- New Equipment  Upgraded Equipment  Replacement Equipment  
 This is a stand-alone purchase.  
 This is an addition to existing equipment.

Is the purchase 100% allocable to the funding source?  Yes  No

Has your entity completed a lease vs purchase analysis to determine the most economical approach?  Yes  
 No

Does your entity have a Management of Equipment Procedure that meets the requirements of [2 CFR 200.313\(d\)](#)?  Yes  No

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