

NOTE: EESD approval required prior to incurring costs, in excess of \$7,500. Private agencies are required to obtain and submit documentation of at least three bids for a purchase in excess of \$5,000.

### EQUIPMENT PURCHASE APPROVAL REQUEST

**PART I SPECIAL NOTE:** Object Classification 6400 - Equipment and Object Classification 6500 - Equipment Replacement - The contractor listed below must apply for approval to use Child Development contract funds to purchase items of equipment, with a cost per item exceeding the limit specified in the Funding Terms and Conditions.

CONTRACTOR	City of La Habra	ADDRESS	215 N. Euclid	CITY	La Habra	ZIP CODE	90631
CONTACT PERSON	Johanna Perez	TELEPHONE	(562)383-4270	CONTRACT TYPE	CSPP	VENDOR NUMBER	2183

**PART I - DESCRIPTION OF EQUIPMENT (Identify types of equipment proposed for purchase.)**

QUANTITY	ITEM	ITEM COST	TOTAL COST	ITEM PLACEMENT (SITE ADDRESS)	ESTIMATED USEFUL LIFE EXPECTANCY	JUSTIFICATION ATTACHED
	Floor Repair	\$ 27,400	\$ 15,344	215 N. Euclid, La Habra, CA 90631	1 YEARS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				Main Office	YEARS	Yes <input type="checkbox"/> No <input type="checkbox"/>
					YEARS	Yes <input type="checkbox"/> No <input type="checkbox"/>
					YEARS	Yes <input type="checkbox"/> No <input type="checkbox"/>

**PART II - CERTIFICATION**

I hereby certify that the above information is true and correct to the best of my knowledge. I also agree to abide by Funding Terms and Conditions requirements with regards to the title, use, disposition, and retention of equipment purchased with child care contract funds provide by the California Department of Education.

SIGNATURE OF BOARD PRESIDENT OR DESIGNEE *Johanna Perez* TITLE **Executive Director** DATE **4/8/2025**

**PART III - FOR CDD USE ONLY**

EESD receipt date:	4 / 9 /20 25	COMMENTS	
Contractor notification date:	4 / 14 /20 25	See attached bids, letter and cost allocation	
CONSULTANT RECOMMENDATION			
Requested \$	15,344	Approved \$	15,344
Fiscal Year 20	24 / 25	CONSULTANT	<i>Richard Miller</i>
Year-to-Date Balance:	\$	DATE	4/10/25
		ADMINISTRATOR	<i>Linda Morales</i>
		DATE	04/13/2025

Distribution: Original: Contractor, copies to Child Development Audits, Fiscal Analyst, EESD Consultant, and Contractor file.

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CONTACT PERSON <b>Johanna Perez</b>	TELEPHONE <b>(562)383-4270</b>	CONTRACT TYPE <b>CSPP</b>	VENDOR NUMBER <b>2183</b>

**PART I - DESCRIPTION OF EQUIPMENT (Identify types of equipment proposed for purchase.)**

QUANTITY	ITEM	ITEM COST	TOTAL COST	ITEM PLACEMENT (SITE ADDRESS)	ESTIMATED USEFUL LIFE EXPECTANCY	JUSTIFICATION ATTACHED
	Floor Repair	\$ 20,694	\$ 8,485	401 S. Euclid, La Habra, CA 90631	1 YEARS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				CDC	YEARS	Yes <input type="checkbox"/> No <input type="checkbox"/>
					YEARS	Yes <input type="checkbox"/> No <input type="checkbox"/>
					YEARS	Yes <input type="checkbox"/> No <input type="checkbox"/>

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SIGNATURE OF BOARD PRESIDENT OR DESIGNEE *Johanna Perez* TITLE **Executive Director** DATE **4/8/2025**

**PART III - FOR CDD USE ONLY**

EESD receipt date: <u>4 / 9 /20 25</u>	COMMENTS
Contractor notification date: <u>4 / 14 /20 25</u>	See attached bids, letter and cost allocation
CONSULTANT RECOMMENDATION	
Requested \$ <u>8,485</u> Approved \$ <u>8,485</u>	CONSULTANT
Fiscal Year <u>20 24 / 25</u>	<i>Richard Miller</i>
Year-to-Date Balance: \$ <u>          </u>	DATE
	<i>4/10/25</i>
	ADMINISTRATOR
	<i>Linda Morales</i>
	DATE
	<i>04/13/2025</i>

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