



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Capital Asset Purchase Request Form

Purchase of a capital asset, an item with a cost of \$5,000 or more and a useful life of more than one year, requires submission of this form for prior authorization by DPH OPEM. See Appendix C for an explanation of the Fixed Asset Purchase Policy.

- ✓ The requesting entity must complete and submit this form for each single item with a cost of \$5,000 or more and a useful life of more than one year. ***All fields must be completed or the form will be returned.***
- ✓ The HMCC Sponsoring Organization will review and sign the form, and submit it to DPH OPEM at dphmcc@mass.gov for approval.

Request submitted by		
Name:	Organization:	
Address:	Phone number:	Email address:
Funding used for purchase:		
Public Health Emergency Response (PHEP)	Hospital Preparedness Program (HPP)	
Will funds from another source support the purchase:		
No		
Yes (include source and amount)		

General description	Brand
Model number	Number of items <i>(if more than 1)</i>
Cost per Item:	Total cost of request:

How will the fixed asset be used and by whom?:

How will the purchase directly support or advance a public health or healthcare preparedness capability:

Where will the fixed asset be located, and who is responsible for storing and maintaining the fixed asset? *Liability for theft and/or damage of the asset while in storage lies with party responsible for maintaining the fixed asset.*

Fixed asset location:

Name of responsible person:

Address:

Email:

Phone:

For Sponsoring Organization or Host Agency Use Only

Reviewed by:

Date:

Date submitted to DPH OPEM:

For DPH OPEM Use Only

Date request received:

Date reviewed:

Reviewed by:

Approved Not Approved

Reason(s) for denial:

Notice of Decision Sent By: Name:

Date:

Appeal Requested Yes No

Date Appeal Request Received:

Summary of Appeal and Decision