

# CAPITAL EQUIPMENT EVALUATION FORM

Department: \_\_\_\_\_

Requestor: \_\_\_\_\_

## 1. FUNDING SOURCE

What is the Org/Funding Source or PTA that the equipment will be charged to?

## 2. DESCRIPTION OF EQUIPMENT

A. Briefly describe the requested equipment, including the cost of the equipment. Attach a price quote.

B. What is estimated useful life of the new equipment? \_\_\_\_\_ years

## 3. EQUIPMENT REPLACEMENT

A. Will this equipment replace existing equipment?  Yes  No

B. If yes, when was the original equipment purchased? \_\_\_\_\_

C. What types of funds were used to purchase original equipment?  Operations  Grant  Start Up

D. Describe the original equipment, including make, model, serial no., GW property control no., and explain why it needs to be replaced.

## 4. USE OF EQUIPMENT

A. For what purpose will the equipment be used? (check all that apply)

Administrative  Research  Educational  Core Facility  Other (describe)

B. Who and how many people will use this equipment?

C. Who will benefit from this equipment?

## 5. ADMINISTRATIVE

Describe the administrative purpose for which the equipment will be used.

**6. RESEARCH**

If the requested equipment is for research, complete the following:

- A. Briefly describe your area of research.
  
  
  
  
  
  
  
  
  
  
- B. Describe how the equipment will be used in your research and explain why it is integral to your research activities.
  
  
  
  
  
  
  
  
  
  
- C. Indicate the Project / Task / Award numbers, titles, and indirect cost budget for each of your currently funded sponsored projects.

PTA Nos.	Award Titles	Indirect Cost Budget

**7. EDUCATIONAL**

If the requested equipment is to be used in courses for educational purposes, complete the following:

Course Nos.	Course Names	Tuition Revenue Past Two Years	Projected Tuition Next Two Years

**8. CORE FACILITY**

If the requested equipment is for use in a core facility, complete the following:

Core Facility	Users

**9. FACILITIES REQUIREMENTS**

- A. Where will the equipment reside?
  
  
  
  
  
  
  
  
  
  
- B. Describe the approximate weight and size of the equipment.

C. Describe any space renovation or installation requirements needed to accommodate the equipment:

D. Describe any environmental requirements needed for the equipment (climate control, utility service, safety, security, etc.):

**10. MAINTENANCE**

Describe any maintenance service agreement needed for the equipment, including cost and period of coverage.

**11. ACQUISITION COST**

Calculate the total acquisition cost of the requested equipment.

Equipment Cost	\$
Shipping Cost	\$
Installation Cost	\$
Space Renovation Cost	\$
Other Costs (describe)	\$
<b>TOTAL COST</b>	\$

**12. OPERATING EXPENSE**

Calculate the annual operating expense for the requested equipment.

Labor	\$
Training	\$
Supplies	\$
Maintenance	\$
Other Costs (describe)	\$
<b>TOTAL COST</b>	\$

**13. OTHER REQUIREMENTS**

Describe any other requirements essential for use of the equipment, such as software, hardware or facility needs, and their estimated costs.

**14. EVALUATION AND ENDORSEMENT**

The department chair’s signature is required in all cases.

If the equipment is for educational purposes, the appropriate dean must sign.

If the equipment requires space renovation or other special facilities needs, the Associate VP for Resource Management must sign.

Signature does not constitute approval, but rather indicates that the stakeholder has evaluated and endorses the request.

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Associate VP for Resource Management: \_\_\_\_\_ Date: \_\_\_\_\_

**15. OVPR APPROVAL**

If the equipment purchase is to be charged to a sponsored project, the appropriate Research Services Coordinator (RSC) must sign.

RSC: \_\_\_\_\_ Date: \_\_\_\_\_

**16. OPERATIONAL FUNDS APPROVAL**

If the equipment purchase involves operational funds, the following signatures are required.

Signature indicates approval of the request and confirms it is consistent with the overall mission of the Medical Center.

Entity Fiscal Director: \_\_\_\_\_ Date: \_\_\_\_\_

Entity Head: \_\_\_\_\_ Date: \_\_\_\_\_

VPHA: \_\_\_\_\_ Date: \_\_\_\_\_