



Request for COVID State Block Funds Form

INSTRUCTIONS:

Complete this form in its entirety to request funding. Approval is contingent on the availability of funds at the time of request.

PROCESS:

1. Complete this form in its entirety and sign as the requester.
2. Have the Division Dean and Division Vice President sign and approve the form.
3. Forward signed form to the Vice President of Administrative Services (VPAS) for review.
4. The VPAS, in cooperation with the VPSS and VPI, will determine **IF FUNDING IS AVAILABLE.**
5. The Requestor, Division Dean, & Division VP will be notified via email of the result.
6. Requestors must work with their Dean and receive approval **BEFORE** purchasing items.
7. ALL REQUESTS MUST FOLLOW THE PURCHASING/PROCUREMENT PROCESS. Unauthorized purchases will be the responsibility of the requester/department. <https://www.sdccd.edu/docs/Purchasing/Purchasing%20Manual.pdf>
 - a. Purchases over \$10,000 require 3 quotes. Purchases over \$99,100 require competitive bids through the RFP process.
 - b. Any purchase over \$25,000 requires a meeting with the area Dean, VP, and VPAS.
 - c. All orders must arrive prior to June 30th or will be canceled at fiscal close. Please note supply chain availability may impact delivery times.
 - d. All vendors paid from federal funds (funds 1200-1499) must be registered with SAM.gov. before a PO can be issued. This takes 2-3 weeks.

PRIORITIES

1. Resources and support for students to continue studies in a remote environment.
2. Employees who do not have functioning computers, software, Wi-Fi, etc., necessary to complete their job.
3. Support for hard to convert classes.

Requester: _____	Hardware: _____
Date: _____	Software: _____
Total Amount Requested: _____	Supplies: _____
Department: _____	Other: _____

Does your department have budget for this request? Y N

Is vendor registered with SAM.gov? Y N

Is this request included in Program Review? Y N

Please describe the request for Funds (Please attach applicable quotes dated within 30 days of this request)

Approvals

Requester:	_____	_____	_____
	Print Name	Signature	Date
Dean:	_____	_____	_____
	Print Name	Signature	Date
Vice President:	_____	_____	_____
	Print Name	Signature	Date
VPAS:	_____	_____	_____
	Print Name	Signature	Date

FOR BUSINESS SERVICES USE ONLY

Fund Source: _____ **Account Number:** _____