



Request to Purchase Form

Name of Agency: _____ Grant #: _____

Safe Communities STEP OVI Task Force General

Educational and/or promotional items being requested must meet the following guidelines:

1. All public service announcements funded with federal funds, in whole or in part, must be closed captioned for the hearing impaired.
2. A final draft of all promotional materials must be submitted to the OTSO for approval, **prior** to production.
3. All printed materials are to include federal sponsorship credit and/or disclaimer clauses as directed by the OTSO. The credit line shall state: Funded by U.S. DOT/NHTSA and ODPS.
4. **Request to Purchase Forms should be submitted 45 days prior to the event.**

E-mail to your Planner or fax to 614-752-4646

READ THE INSTRUCTIONS ON PAGES 2 AND 3 FOR ASSISTANCE WITH COMPLETING THIS FORM.

Is this request being submitted 45 days prior to the event? _____ YES _____ NO (If you marked "NO", provide an explanation.) _____

Grant goal and scope of work request addresses: (Refer to page 2 for examples.) _____

Date of Event: _____ Type & Name of Event: _____

Item and total number to be produced/purchased: _____

[] Supporting documentation attached (draft for printing, cost estimate/quote from vendor, etc.)

How will the items be distributed? _____

How will effectiveness be measured? _____

Total cost (Including set-up, shipping & handling, taxes, etc.): _____

Fund Category (i.e.: S & M/ODC/Education): _____ Balance after expenses: _____

Is item(s) in budget? [] Yes [] No, Revision is needed

If revision is needed, state where the funds are being removed and where they are being added: _____

Travel:
Registration: _____ Transportation: _____ Lodging: _____ Per Diem: _____

[] I have read and submitted a current copy of our agency's Travel Policy. ****See travel per diem on page 3.**

Name: _____ Date submitted: _____ Email Address: _____

DO NOT PURCHASE UNTIL APPROVAL IS RECEIVED FROM OTSO

OTSO Use Only:

RPM reviewed: _____ Date reviewed: _____ Management reviewed: _____ Date reviewed: _____

Approved: _____ Disapproved: _____ Modifications required: _____

Needed Modifications:

If disapproved, state reason:



Request to Purchase Form

Instructions

Name of Agency:

List the name of your agency as it appears on your grant.

Grant #:

List your grant number as it appears on your grant.

Safe Communities **STEP** **OVI Task Force** **General**

Mark the appropriate box that fits your grant type.

(**Note:** It might save you some time if you complete the Name of Agency, Grant # and Type of Grant, then save your form to file as a template.)

Is this request being submitted 45 days prior to the event? Check “yes” or “no”. If you check “no”, provide an explanation.

Grant goal and scope of work request addresses:

A brief description of what goal and scope of work this request will affect. If you can't associate this request with a goal and work plan, don't submit. At this point you should consider revising your work plan prior to submitting the request. The grant goal and scope of work can be copied directly from your grant. **Example (Safe Communities grant):** Public Awareness Grant Goal: Increase public awareness of seat belt usage, impaired driving, distracted driving and other problem ID specific traffic safety related issues. Scope of Work: Promote the OTSO specified traffic safety campaign messages through the use of the media planners and marketing materials, staff a space/booth during one large summer event, distribute traffic safety related materials, provide campaign specific information to local media outlets, promote the two national campaigns and serve as a traffic safety resource within the county. **Example (STEP grant):** Fatal Crash Goal: Reduce the number of traffic-related fatal crashes to no more than two. Scope of Work: Through problem identification of traffic crash data, conduct high visibility enforcement in locations and at times that will have the greatest impact in reducing fatal/serious injury crashes. Raise public awareness through local media and personal contacts. Attend at a minimum, quarterly regional meetings to coordinate and review activity including current crash data throughout the region to achieve high visibility enforcement and awareness.

Date of Event:

List the date the event will take place. If it is a multi-day event, list the starting through ending dates. If this request is for something that does not have a specific date enter the month and year. If you are purchasing promotional items for a specific event, you must provide the date(s) of the event. Failure to list a date will cause the request to be denied until a date is supplied. This will only prolong the purchasing of the items.

Type & Name of Event:

List the type of event. If this request is for something that is not a specific event put N/A. If you are purchasing promotional items you must provide the name of the event. Failure to list an event will cause the request to be denied until an event is supplied. This will only prolong the purchasing of the items.

Item and total number to be produced or purchased:

List the specific item and total number of items you are requesting to produce or purchase. If this is an educational or travel expense (going to a workshop, conference, hosting an event. etc.) provide the total number of personnel being sent that you are requesting reimbursement of expenses.

Supporting documentation attached (draft for printing, cost estimate from vendor, etc.)

Make sure you send current documentation. Do not submit quotes from previous years or quotes for another agency. Provide a current draft and estimate. If the request is for training, send a copy of the agenda or workshop description.

How will the items be distributed?

List what type of activity will be associated with the distribution? (i.e. prize wheel, survey, fatal vision goggles, etc..)



Request to Purchase Form

Instructions continued

How will effectiveness be measured?

How will you measure the impact? (i.e. use an exit survey as people leave the event, use the answers collected from the prize wheel questions, survey booth visitors, etc...)

Total cost (Including set-up, shipping & handling, taxes, etc.):

List the total costs you must expend to obtain the items. This will include any set-up, shipping & handling or any other expenditure. The total cost is necessary for you to track your budget.

Fund Category (i.e.: S & M/ ODC/ Education):

List the fund you will be using to pay for the expenses. Review your budget and make sure you are using the correct fund for your request.

Balance after expenses:

Review your budget and debit the expenses from the funds you will be using for this request. Make sure you've accounted for any expenses approved on a previous request that have not been processed in a claim.

Is item(s) in budget? [] Yes [] No, Revision is needed

If the requested item(s) are not in your grant or sufficient funds do not exist, mark "No, Revision is needed."

If revision is needed, state where the funds are being removed and where they are being added:

State from what category and how much is being removed and to what category and how much is being added.

Travel Registration

List the expense for the registration, if any. If you are not requesting reimbursement enter N/A.

Travel Transportation

Itemize all of your transportation costs. This includes airfare, baggage fees, ground transportation, parking, etc. OTSO will only reimburse for parking once a day. If you leave a parking lot and are charged for returning, OTSO **will not** reimburse for the additional expense(s).

Travel Lodging

List all expenses relating to your lodging. This will include all applicable taxes (city, state, county, bed, etc.). You may have to call the hotel for the taxes.

Travel Per Diem

List your per diem in accordance with your travel policy OR U.S. General Service Administration (GSA) rates, based on travel location, **whichever is less**. OTSO will not reimburse for any meal(s) provided by a conference or workshop. We will only pay for the traveler, not spouses, children, friends, acquaintances, etc. *If you have dietary concerns you need to discuss this with the agency supplying the meals.*

[] I have read and submitted a current copy of our agency's Travel Policy

Make sure you have read and understand your travel policy. If there are any conditions you feel are unclear or you feel OTSO should be aware of, contact us with an explanation BEFORE you travel.