



**Community and Regional Organizations  
Equipment Purchases**

Agency:  Agency Address:

Program Title:

Prepared by:  Telephone Number:

**\*\*The city of Portsmouth requires an explanation before acquiring any purchase of equipment with a life span of more than a year. No payment will be made until this form has been reviewed and approved.**

EQUIPMENT PURCHASES						
Please complete the following information:						
Item	Unit Cost	# of Units	Total Cost	Equipment Life Span	Annual Support Cost	Purpose or Use of the Equipment

**\*\*I certify that this report represents the proposed use of funding in accordance with the approved grant application. Quotes and receipt of purchase must be provided with the Summary of Services Report (CRO2) to the City of Portsmouth when submitting the progress report. The equipment purchased, the quantity purchased, date received, operational date, and serial number must also be reported on the Summary of Services Report (CRO2).**

Name of Authorized Person

Signature of Authorized Person

Date Signed