

Please submit in **duplicate** to:  
 Special Education & Title Services  
 Kansas State Department of Education  
 Landon State Office Building  
 900 SW Jackson, Suite 620  
 Topeka, KS 66612

## Equipment to be Purchased Local Consolidated Plan

**Complete this form only for individual equipment items which cost more than \$5,000 and last more than one year.**

USD Name \_\_\_\_\_ USD Number \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Specify the program funding the purchase. Possible programs are: Title I, Title II A, Title III A, Title IVA, 21<sup>st</sup> Century Community Learning Centers, Migrant, ESOL/Bilingual, and At-Risk.

Program Funding the Purchase	Kind of Equipment* (Description)	Manufacturer and Model Number	Building Where Equipment Will Be Used	Quantity	Unit Cost	Total Cost

Please indicate the activity for which the above listed equipment is to be used and how it supports the designated program(s):

\_\_\_\_\_

\*Equipment is distinguishable from supplies in that it will last more than one year and will have an acquisition cost of \$5,000 or more per unit. As a reminder, one must have prior approval to purchase equipment over \$5,000. If any equipment is to be purchased, one must have the necessary funds in the approved budget on line item #700 Property. Also, the district is to maintain an updated inventory list of any equipment purchased with the funds listed above.