Golden State Pathways Program

Capital Outlay Pre-approval Request

California Department of Education

Email this completed form and a quote for the requested item(s) to the Golden State Pathways Program (GSPP) Education Programs Consultant and Fiscal Analyst at GSPP@cde.ca.gov.

Local Educational Agency (LEA)	Name:					
Fiscal Year :						
Schoolsite:						
Pathway:						
Application Number:						
Capital Outlay is defined as any single item purchase of \$5,000.00 or more. The purchase must meet all of the requirements listed below. Check the box to confirm purchase meets requirement						
Check all that apply:						
Directly relates to a pathway identified in the LEA's GSPP Grant application						
Intended to improve, enhance or expand the GSPP pathway						
"Necessary" and "reasonable" for proper and efficient administration of GSPP programs						
Adds to the district's historical inventory system when received						
Expenditure is specific to the GSPP pathway – as opposed to a general expense required to carry out the LEA's overall responsibilities.						
Provide information on LEA and the item being purchased in the following fields:						
LEA Street Address:						
City:	Zip Code:	Phone:				
GSPP Coordinator:						
Coordinator Email:		Coordinator Phone:				
GSPP Equipment Name:						
Cost of Item (\$5,000 or More):						

Revised December 2024

GSPP CAPITAL OUTLAY REQUEST

Is the total cost split funded?	Yes	No		
Amount of GSPP funds:				
Amount of Other funding source:				
Name of other funding source(s):				
Provide a detailed description of the equip	ment req	uested for purchase	:	
Provide a rationale for how the proposed pefficient administration of the LEA's GSPF	•		"reasonable" for proper an	ıd
omolent duministration of the EE/(3 Cor 1	patriway	(3).		
List the specific course(s) the equipment b	eing purc	hased will be used	for:	
Identify which of the nine GSPP outcomes explanation of how the item will bring about		• • • •	•	
Can the instructor currently operate the ed	quipment?	Yes	No	
If the instructor cannot currently operate e training will be provided to allow the instru		•		
training will be provided to allow the institu	ctor to op	erate trie equipmen		
FOR GSPP SITE USE ONLY		FOR CDE USE ON		
Capital outlay requester information:		Capital outlay appr	over information:	
Signature:		Signature:		
Printed Name:		Printed Name:		
Title:		Title:		