

SOUTHERN MINNESOTA SPECIAL EDUCATION CONSORTIUM REQUISITION FORM

Process for Federal funding of Supplies, Curriculum, Equipment, Testing Materials and Conference (Consortium Wide)

1. Staff will fill out the following packet of information and submit it to via email to orders@smec.k12.mn.us. Any packet that is not completely filled out will be returned to staff. Please allow at least 1 week to get approval from Director and Business Manager. No orders will be rushed as staff needs to plan ahead.
2. Once packets are deemed to be completed they will be forward to both the Director and Business Manager for approval.
3. Once packets are approved they will be returned to Tiffany for ordering of the materials. All orders will be sent to the District Office and not out to the staff. This will allow District office to inventory the items and ensure that we receive everything.
4. Once all information is received and inventoried, the PO, packing slip and invoice will be sent to Business Manager for payment.
5. CREDIT CARDS are to be used as a last resort and need to follow the same process as we have here.

SOUTHERN MINNESOTA SPECIAL EDUCATION CONSORTIUM REQUISITION FORM

SPECIAL EDUCATION ELIGIBILITY AND NECESSITY DETERMINATION QUESTIONS

(To be attached to all Purchase Orders when using Special Education Funds)

If the district **Did Not** provide special education services to any students:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Would the item be purchased? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Would the service be delivered to students in general education classes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do general education students receive the same services and use the same sort of equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What was the need that initiated the purchase and how was it determined that the cost was allowable, necessary and reasonable? | | |
| 5. Was it verified that the purchase request was made by special education personnel? If so, by who
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the purchase(s) identified on an IEP? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the purchase order, invoice, packing slip document the special education need? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do/does the student(s) need the item to access general education curriculum?
Explain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the purchase cost consistent with federal cost principles and EDGAR? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If purchased for program use, is the purchase consistent with the needs of the program (data driven, targeting areas or weakness, do you have a measurable goal?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you get the best value (not the cheapest)? Can you prove you paid a fair rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Describe procurement process used: | | |
| 13. Do the staff have the capacity to use the purchased goods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Was the purchase prudent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the program/student need the item or is there surplus property already available? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Certified Staff

Date

Signature of Director of Special Education

Date