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| Department of Community & Ecconomic Development |
|  **Training Services ITQ Review Form** |

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| **Instructions: This form is to be utilized to request authorization to procure municipal training services. Please submit this form as a Word document.****The completed Word document must be emailed to DCED at** RA-DC-PLGTP@pa.gov. |
| Requesting Agency Information |
| **Agency:** |       | Date: |       |
| **Address:** |       |
| **Requested By:** |       | **Telephone No:** |       |
| **Agency Contact:** |       | **Telephone No:** |       |

| Procurement Information |
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| **Category of Service:** | **Municipal Training** |  |  |
| **Is there an existing contract:** | **Yes**  [ ]  | **No**  [ ]  | **Contract Number:** |       |
| **Description of and reason for services:** |       |
| **Are federal funds involved:** | **Yes**  [ ]  | **No**  [ ]  | **% federal funds:** |       |
| **Funding information:** | **Estimated spend:** | **$** | **Fund number:** |       |
| **Estimated dates of service:** | **Begin**  | **End** | **# of renewal years:** |       |

| Agency Authorization (type name – no signature required) |
| --- |
| **Approved by:** |  | **Title:** |  |

| Department of Community & Economic Development Use Only |
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| **Approval Recommendation:** | **Approved****[ ]**  | **Denied****[ ]**  | **Approved with Conditions****[ ]**  | **Date** |
| **DCED Approver Name:** |  | **Title:** |  |
| **DCED Comments:** |  |
| **DCED Conditions:** |  |