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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](mailto:RA-DC-PLGTP@pa.gov). | | | | | | |
| Requesting Agency Information | | | | | |
| **Agency:** |  | | | Date: |  |
| **Address:** |  | | | | |
| **Requested By:** |  | **Telephone No:** |  | | |
| **Agency Contact:** |  | **Telephone No:** |  | | |

| Procurement Information | | | | | |
| --- | --- | --- | --- | --- | --- |
| **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 | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Approval Recommendation:** | **Approved** | **Denied** | | **Approved with Conditions** | **Date** |
| **DCED Approver Name:** |  | **Title:** |  | | |
| **DCED Comments:** |  | | | | |
| **DCED Conditions:** |  | | | | |