**California Energy Commission**

**EQUIPMENT/MATERIALS & MISCELLANEOUS FORM**

**(Complete when seeking approval to add new Equipment or M&M ($5,000 or more) to budget)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1: General Information and Purpose for New Equipment/Materials & Miscellaneous Item(s) | | | | | | | | | |
| **Agreement #:**  XXX-##-### | | **Recipient’s Name:**  [Enter Text] | | | | | **Date of Request:**  [MM/DD/YYYY] | | |
| **Explain how the item(s) will advance this agreement and fit within the Scope of Work:**  [Enter Brief Text Response] | | | | | | | | | |
|  | | | | | | | | | |
| SECTION 2: Itemized New Equipment/Materials & Miscellaneous | | | | | | | | | |
| **New Equipment** | | | | | | | | | |
| **Task #** | **Name of entity providing equipment: Recipient/Subrecipient/**  **Vendor** | | **Description** | | **Purpose** | | | **Unit #** | **Unit Cost** |
| 0 | [Enter Text] | | [Enter Text] | | [Enter Text] | | | 0 | $0.00 |
| 0 | [Enter Text] | | [Enter Text] | | [Enter Text] | | | 0 | $0.00 |
| 0 | [Enter Text] | | [Enter Text] | | [Enter Text] | | | 0 | $0.00 |
| **Total Cost** | | | | | | | | | $0.00 |
| **Total CEC Reimbursable Share** | | | | | | | | | $0.00 |
| **Total Match Share** | | | | | | | | | $0.00 |
| **Total of CEC Reimbursable Share plus Total Match Share (Value should match “Total Cost”)** | | | | | | | | | **$0.00** |
| **New Materials and Miscellaneous - $5,000 or more in value** | | | | | | | | | |
| **Task #** | **Name of entity providing the item(s): Recipient/Subrecipient/**  **Vendor** | | **Description** | | **Purpose** | | | **Unit #** | **Unit Cost** |
| 0 | [Enter Text] | | [Enter Text] | | [Enter Text] | | | 0 | $0.00 |
| 0 | [Enter Text] | | [Enter Text] | | [Enter Text] | | | 0 | $0.00 |
| 0 | [Enter Text] | | [Enter Text] | | [Enter Text] | | | 0 | $0.00 |
| **Total Cost** | | | | | | | | | $0.00 |
| **Total CEC Reimbursable Share** | | | | | | | | | $0.00 |
| **Total Match Share** | | | | | | | | | $0.00 |
| **Total of CEC Reimbursable Share plus Total Match Share (Value should match “Total Cost”)** | | | | | | | | | **$0.00** |
|  | | | | | | | | | |
| SECTION 3: CEC Approvals—DO NOT FILL OUT—FOR CEC STAFF ONLY | | | | | | | | | |
| ***\*By approving this form, you have determined that all equipment/materials and miscellaneous expenses listed above are reasonable and necessary for the project to be completed and all documentation has been provided. If addition of these newly-approved items requires a budget reallocation, follow the requirements of the appropriate budget reallocation section of the*** [***changes chart***](https://www.energy.ca.gov/media/4494)***.*** | | | | | | | | | |
| **Commission Agreement Manager (CAM):**  [Enter Text] | | | | **Signature:**  [Electronic Signature] | | **Date:**  [Enter Date: MM-DD-YYYY] | | | |