STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING EQUIPMENT JUSTIFICATION FORM CDA 7037 (REV 9/2023)



Entity Name:									Budget Version:			
Energy Name:	1			Procurement	Other Procurement	Contract #:		1	Main Funding	Other Funding	Last Time Purchased	Refresh Cycle
Item Description	Quantity	Price Per Item	Total Cost	Method	I I	Location	Site Name	County	Source	Other Funding Source(s)	(Fiscal Year)	(In Years)
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Please give a detailed justification why the	a a i a ma a m t i a	needed and how	مورد مط النبيد +: بر	d to bonofit the area								
Will the equipment be used solely by the s	pecified Prog	ram(s) from whic	th the purchas	se will be funded?								
If requesting a vehicle, provide a list of the	existing fleet	vehicles, and the	e reason the e	xisting fleet cannot r	neet ongoing program	needs.						