

STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**ADRC PROPERTY PURCHASE REQUEST FORM**



CDA 7024 (REV 08/2021)

Submit all requests to purchase property using ADRC funds to [ADRC@aging.ca.gov](mailto:ADRC@aging.ca.gov).

**Header Section**

|                       |  |
|-----------------------|--|
| ADRC Name             |  |
| Submission Date       |  |
| Contact Name          |  |
| Contact Phone Number  |  |
| Contact Email Address |  |
| Vendor                |  |

**Property Purchase Section**

| Item Description | Expected Acquire Date | Funding Source(s) | Quantity | Per Unit Cost     | Total Item Cost |
|------------------|-----------------------|-------------------|----------|-------------------|-----------------|
|                  |                       |                   |          |                   |                 |
|                  |                       |                   |          |                   |                 |
|                  |                       |                   |          |                   |                 |
|                  |                       |                   |          |                   |                 |
|                  |                       |                   |          |                   |                 |
|                  |                       |                   |          | <b>Total Cost</b> |                 |

**Justification**

|   |  |
|---|--|
| Explanation of the need for property and how it will be used.             |  |
| Description of impact on Program if the purchase request is not approved. |  |

| <b>For State Use Only</b> |   |                 |
|---------------------------|---|-----------------|
| CDA Analyst               | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature/Date: |
| CDA Manager               | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature/Date: |