

**GAB REVIEW REQUEST AND CERTIFICATION**

Initiating Department: \_\_\_\_\_

Type of Procurement:  Bid (A/E or Non A/E)  SOQ  RFP  Sole Source

Project Description: \_\_\_\_\_

Estimated Value/Probable Construction Cost: \_\_\_\_\_

Procurement funded by Federal Funds/Grant Dollars?  Yes  No

Per Parish Administration policy, we are requesting that this project be designated as "Sales Tax Exempt." This project is for construction and requires \$500,000 or more in equipment purchase.  Yes  No

\*If yes, then projected tax savings is attached to this request.

Name of Director: \_\_\_\_\_

Name of CAA: \_\_\_\_\_

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This certifies that both the director of the department and respective CAA has reviewed the proposed procurement action and has made appropriate revisions/recommendations consistent with the laws of the State of Louisiana, Jefferson Parish and practical applications of Jefferson Parish to the best of our ability.

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CAA: \_\_\_\_\_ Date: \_\_\_\_\_