San Francisco Department of
Early Childhood

Prior Authorization Form - Consultants, Professional Services & Subcontractors

Submit before spending. If the expense is foreseeable during budget development, address it during budget negotiations. Inclusion in an approved budget does not waive prior authorization. DEC generally reviews requests within 15 business days. Retain the written approval and submit it with invoice support when the expense is charged. Subcontractors/consultants must also meet applicable budget, agreement, and documentation requirements.

Request Information

Grantee Name		**Grant/Program**	
Provider / Entity Name		**Website**	
Projected Start Date		**Projected End Date**	
Budget Total		**Requested Amount**	
Requested by		**Requestor Email**	

Service Type & Required Documents

- ☐ Consultant
- ☐ Professional service provider
- ☐ Subcontractor / MOU
- ☐ Expense negotiated in approved budget
- ☐ Draft/signed contract or MOU attached
- ☐ Quote/proposal attached, if applicable

Budget / Cost Details

Funding Source(s)		**Hourly / Fixed / Other**	
Rate		**Estimated Hours / Units**	
Total Estimated Cost		**Total Requested from DEC**	
Calculation / Formula		**Allocation Methodology**	

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Scope of Work / Deliverables
Describe the services, deliverables, milestones, and expected outputs.

Grant Alignment
Explain how the service supports the grant objectives/deliverables.

Selection / Reasonableness
Explain how the provider was selected and why the rate/cost is reasonable under organizational policy.

Grantee Certification

☐ The proposed agreement/MOU, budget, rate, and scope are consistent with the grantee's written fiscal/procurement policies and approved DEC budget.
☐ I understand approval of the provider does not waive ongoing invoice, proof-of-payment, subcontract monitoring, or other agreement requirements.

Authorized Requestor Name/Title: Date:

Department of Early Childhood (DEC) Determination

☐ Approved ☐ Approved with Conditions ☐ Denied **Approved Amount:**

Budget Revision / Modification Required?	☐ Yes ☐ No	**Approval / Effective Date:**	

Conditions / Limitations / Reason for Denial:

Program Officer/Manager Name: Signature / Initials: Date: