

RESOLUTION REQUEST FORM

NAME OF REQUESTER:		DEPARTMENT/DIVISION:
1.	DESCRIPTION OF RESOLUTION:	
	TYPE OF RESOLUTION:	
	PROJECT NAME & NO. (If applicable):	
	PROJECT LOCATION (If applicable):	

2.	CERTIFICATION OF FUNDS:		
	AMOUNT OF EXPENDITURE: \$		
	REQUISITION #		
	(A copy of the requisition from Edmunds must be	attached)	
	PURCHASE ORDER #(A copy of the <u>purchase order and change order</u>		
		request form must be attached)	
	ACCOUNT #(If more than one account please list individually	below, with designated amounts	
	ACCOUNT #	Amount:	
	ACCOUNT #		
	ACCOUNT #	Amount:	
	ACCOUNT #	Amount:	
3.	METHOD OF PROCUREMENT:		
	RFP #:	□ RFO #:	
		Add qualifying resolution	on no. if requesting an award
	☐ BID #:	□со-ор:	Number:
	☐ STATE CONTRACT #:		
	EXCEPTIONS (per N.J.S.A. 40A:11-5 et seq.):		
	QUOTES: (Please add all solicited quotes herei	n; including vendor name and to	tal amount.)
	Did the vendor agree to extend pricing to Pa	ssaic County Cooperative Pr	icing #38PCCP? Yes No
	NON-FAIR & OPEN: (A copy of an executed E	Business Entity Disclosure Certifi	cation must be attached)
	☐ OTHER:		
4.	COMMITTEE REVIEW / DISTRIBUT		
	(Please check off the committee(s) the resolution	request is being submitted to an	d the meeting date it is associated w
	Administration & Finance	Meeting Date:	
	☐ Health & Human Services	Meeting Date:	
	Law & Public Safety		
	Planning & Economic Development	Meeting Date:	· · · · · · · · · · · · · · · · · · ·
	☐ Public Works	Meeting Date:	