passaic
COUNTY
NEW JERSEY

RESOLUTION REQUEST FORM

NAME OF REQUESTER: _____ **DEPARTMENT/DIVISION:** _____

1. DESCRIPTION OF RESOLUTION

TYPE OF RESOLUTION: _____

PROJECT NAME & NO. (If applicable): _____

PROJECT LOCATION (If applicable): _____

SUMMARY:

2. CERTIFICATION OF FUNDS

AMOUNT OF EXPENDITURE: $ _____

REQUISITION # _____
<mark>(A copy of the requisition from Edmunds must be attached)</mark>

PURCHASE ORDER # _____
<mark>(A copy of the purchase order and change order request form must be attached)</mark>

ACCOUNT # _____
<mark>(If more than one account please list individually below, with designated amounts)</mark>

       ACCOUNT # _____ Amount: _____
       ACCOUNT # _____ Amount: _____
       ACCOUNT # _____ Amount: _____
       ACCOUNT # _____ Amount: _____

3. METHOD OF PROCUREMENT   Not Applicable

    RFP #: _____

    RFQ #: _____

        <mark>Add qualifying resolution no. if requesting an award</mark>

    BID #: _____

    CO-OP: _____   **Number:** _____

    Did the vendor agree to extend pricing to Passaic County Cooperative Pricing #38PCCP?

       Yes   No

    STATE CONTRACT #: _____

    EXCEPTIONS (per N.J.S.A. 40A:11-5 et seq.)**:** _____

    QUOTES: <mark>(Please add all solicited quotes herein; including vendor name and total amount.)</mark>

    NON-FAIR & OPEN: <mark>(A copy of an executed *Business Entity Disclosure Certification* must be attached)</mark>

    OTHER: _____

4.   CERTIFICATION OF PROHIBITED ACTIVITIES: Not applicable

Confirmed not on Russia-Belarus Entity List

     Date Confirmed: _____

     https://sanctionssearch.ofac.treas.gov/

Confirmed not on Chapter 25 Prohibited Activities in Iran List

     Date Confirmed: _____

     http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf

5.   COMMITTEE REVIEW / DISTRIBUTION

Administration & Finance	Meeting Date: _____
Health & Human Services	Meeting Date: _____
Law & Public Safety	Meeting Date: _____
Planning & Economic Development	Meeting Date: _____
Public Works	Meeting Date: _____