



## 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 #** \_\_\_\_\_

(A copy of the requisition from Edmunds must be attached)

**PURCHASE ORDER #** \_\_\_\_\_

(A copy of the purchase order and change order request form must be attached)

**ACCOUNT #** \_\_\_\_\_

(If more than one account please list individually below, with designated amounts)

ACCOUNT # \_\_\_\_\_ Amount: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ Amount: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ Amount: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ Amount: \_\_\_\_\_

**3. METHOD OF PROCUREMENT Not Applicable**

**RFP #:** \_\_\_\_\_

**RFQ #:** \_\_\_\_\_

Add qualifying resolution no. if requesting an award

**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:** (Please add all solicited quotes herein; including vendor name and total amount.)

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

**OTHER:** \_\_\_\_\_

**4. CERTIFICATION OF PROHIBITED ACTIVITIES:**

**(Please check the Russia-Belarus Prohibited Activity Entity List & Chapter 25 List for this section)**

**Confirmed not on Russia-Belarus Entity List**

**Date Confirmed:** \_\_\_\_\_

[State of NJ - Department of the Treasury - Division of Administration](http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf)

**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**

**(Please check off the committee(s) the resolution request is being submitted to and the meeting date it is associated with)**

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