



RESOLUTION REQUEST FORM

NAME OF REQUESTER: Viken Sarkissian DEPARTMENT/DIVISION: County Counsel/Insurance Division

1. DESCRIPTION OF RESOLUTION

TYPE OF RESOLUTION: Professional Services - RFQ

PROJECT NAME & NO. (If applicable): _____

PROJECT LOCATION (If applicable): _____

SUMMARY:

Auto body repair and refinishing services

2. CERTIFICATION OF FUNDS

AMOUNT OF EXPENDITURE: \$ 18,776.09 _____

REQUISITION # _____

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

PURCHASE ORDER # 24-07244 _____

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

ACCOUNT # T-19-56-850-000-801 _____

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

ACCOUNT # _____ **Amount:** _____

ACCOUNT # _____ **Amount:** _____

ACCOUNT # _____ **Amount:** _____

ACCOUNT # _____ **Amount:** _____

3. METHOD OF PROCUREMENT

☐ **RFP #:** _____

☒ **RFQ #:** R-23-0928 _____

Add qualifying resolution no. if requesting an award

☒ **BID #:** RFQ-24-008 _____

☐ **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: 04/04/2025

<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

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

| | |
|--|-----------------------------|
| <input checked="" type="checkbox"/> Administration & Finance | Meeting Date: <u>4/9/25</u> |
| <input type="checkbox"/> Health & Human Services | Meeting Date: _____ |
| <input type="checkbox"/> Law & Public Safety | Meeting Date: _____ |
| <input type="checkbox"/> Planning & Economic Development | Meeting Date: _____ |
| <input type="checkbox"/> Public Works | Meeting Date: _____ |



COUNTY OF PASSAIC
COUNTY COUNSEL, CO of Passaic
(Q) 973-881-4466
401 GRAND ST. ROOM 214
PATERSON, NJ 07505

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. **24-07244**

SHIP TO

VENDOR

Vendor #: L531

DYNASTY AUTO BODY, INC.
226 PENNSYLVANIA AVENUE
PATERSON, NJ 07503-2121

ORDER DATE: 11/20/24

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

VENDOR ACCT NUM:

VENDOR PHONE #:

VENDOR FAX #:

REQUISITION #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002466

| QUANTITY | DESCRIPTION | ACCOUNT NO | UNIT PRICE | TOTAL |
|----------|--|---------------------|-------------|-----------|
| 1.00 | Auto body repair G2SPYM - Sheriff DOL: 9/1/24 Inv: 92283 - 10/25/24 R-23-0928 10/10/23 | T-19-56-850-000-801 | 18,776.0900 | 18,776.09 |
| | | | TOTAL | ===== |
| | | | | 18,776.09 |

| CLAIMANT'S CERTIFICATION & DECLARATION | OFFICER'S CERTIFICATION | APPROVAL TO PURCHASE |
|---|---|--|
| I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one. _____ VENDOR SIGN HERE _____ OFFICIAL POSITION DATE _____ TAX ID NO. OR SOCIAL SECURITY NO. | I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures. _____ DEPT. HEAD DATE VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO: COUNTY OF PASSAIC COUNTY COUNSEL, CO of Passaic (Q) 973-881-4466 401 GRAND ST. ROOM 214 PATERSON, NJ 07505 | DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW |