



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

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: _____

<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)

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