

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 <u>purchase order and change order request form must be attached)</u>

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

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: