

Reference #: _____

EMERGENCY PURCHASE EXTENSION

Agency/University: _____ Division: _____

Address: _____ City: _____ State: _____ Zip: _____

Vendor: _____

Address: _____ City: _____ State: _____ Zip: _____

Extension Justification

Original Emergency

Start Date of Original Emergency: _____ End Date of Original Emergency: _____

Dollar Amount of Original Emergency: _____ Amount of Original Emergency was: _____

Expected Extension

Expected Extension Start Date: _____ End Date of Expected Extension*: _____

Dollar Amount of Expected Extension: _____ Expected Extension Amount is: _____

*Estimated end date and cost will be reported later.

Select the type of funding to be used: Federal Funds State Appropriated Funds State Grant Funds Other

If other, explain: _____

Describe the scope of the original emergency (supply, service, etc.). Attach additional documentation if necessary.

Describe the scope of the extension (supply, service, etc.). Show justification for extending the original emergency contract, and explain why the extension need cannot be met through a competitive process. Attach additional documentation if necessary.

Was authorization to proceed verbally given? No Yes If Yes, who authorized the work? _____

The term of an emergency procurement shall not exceed 90 calendar days. A contract may be extended beyond 90 calendar days with the approval of the Chief Procurement Officer. The duration of the extension shall be limited to the scope of the emergency. Notice of the extension shall be published to the Illinois Procurement Bulletin for Higher Education no later than 7 calendar days after the extension is executed. (30 ILCS 500/20-30).

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EMERGENCY PURCHASE EXTENSION

Agency/University: _____ Division: _____

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Vendor: _____

Address: _____ City: _____ State: _____ Zip: _____

Agency/University Signature

I am requesting an extension of the requested emergency contract. I know and understand the contents of this statement and all statements herein are true and correct to the best of my knowledge.

Agency/University
Signature: _____ Title: _____

Printed Name: _____ Date: _____

Chief Procurement Officer Signature

Based on my review, I approve the Agency/University to proceed with the emergency extension referenced above.

Based on my review, I approve the Agency/University to proceed with the following changes (see attached).

Based on my review, the Agency/University is not approved to proceed with this emergency extension as presented and my recommendation is that it be cancelled.

Other (explain):

CPO Signature: _____ Date: _____ CPO Phone Number: _____

Printed Name: _____ CPO Email: _____