

REQUEST FOR EMERGENCY PURCHASING AUTHORIZATION

This form facilitates a request to authorize the purchase of goods and/or services pursuant to Minnesota Statute 16C.10, Subd. 2.

Instructions:

- If time allows, submit this form prior to authorizing any purchase of **GOOD AND/OR SERVICES** (See below for emergencies impacting **FIXED PROPERTY**).

NOTE: If there an imminent threat to public health, public welfare, or public safety that threatens the function of government, protection of property, and/or the health or safety of people, complete this form immediately **AFTER** addressing the imminent issue.
- For Emergencies related to Good and/or Services send this signed form to **ALL three (3) contacts** listed below:

Luke Jannett Luke.Jannett@state.mn.us
 Rachel Dougherty Rachel.Dougherty@state.mn.us
AND
 Betsy Hayes Betsy.Hayes@state.mn.us
- For Emergencies that may include or impact **FIXED PROPERTY** (land and/or buildings) send this signed form to **BOTH** contacts listed below with a Carbon Copy "CC" to **ALL three (3) contacts** detailed above:

Eric Radel Eric.Radel@state.mn.us
 Greg Ewig Greg.Ewig@state.mn.us

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| Agency Name: | Document Date: Estimated Date of Contract Execution: Estimated Date of Contract Completion: |
| Agency Contact: | Agency Contact Phone Number: |
| Agency Contact Email: | Estimated Dollar Amount: \$ |
| Contractor(s) Name(s): | |
| Minnesota Statutes 16C.02, Subd. 6b, defines emergency as "...a threat to public health, welfare, or safety that threatens the functioning of government, the protection of property, or the health or safety of people." | |
| Description of Emergency (Part 1): (Check all that apply - at least one is required) <input type="checkbox"/> Threat to public health <input type="checkbox"/> Threat to public welfare <input type="checkbox"/> Threat to public safety | Description of Emergency (Part 2): (Check all that apply - at least one is required) <input type="checkbox"/> Threatens function of government <input type="checkbox"/> Threatens protection of property <input type="checkbox"/> Threatens health or safety of people |
| Describe the emergency, how it meets the above criteria, include the circumstances leading to the emergency: | |

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| <p>Provide a detailed description of the good and/or service to be purchased:</p> |
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| <p>AGENCY HEAD OR AUTHORIZED DELEGATE</p> <ol style="list-style-type: none"> 1. I agree this is an emergency as defined in 16C.02, Subd. 6b. 2. I acknowledge the risks associated with allowing the vendor to begin work without a fully executed contract and will direct the agency to ensure timely execution of a contract(s). 3. I understand approval of this emergency purchasing authorization relieves the agency of the solicitation process per Minn. Stat. 16C.10, Subd. 2, however, there still may be applicable contract requirements that must be met depending on the nature of the transaction. <p>Signature: _____</p> | <p>ADMINISTRATION DEPARTMENT</p> <p><input type="checkbox"/> Approved without qualifications</p> <p><input type="checkbox"/> Approved with qualifications</p> <p style="padding-left: 20px;"><input type="checkbox"/> Emergency could have been prevented</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Disapproved</p> <p style="padding-left: 20px;"><input type="checkbox"/> Not an emergency</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p> <p>Signature: _____</p> |
| Title: Agency Head or Authorized Delegate | Date Received in Administration: |
| Signature Date: | Date Action Taken by Administration: |

Reminder: If you carry insurance with the Risk Management Division and the damages may exceed 50% of your deductible please complete a Property/Liability Loss notice which can be found on their web site at <https://mn.gov/admin/government/risk/insurance/>. Once the form is completed you can submit the claim to the Risk Management Division using the submit button on the form or you can email it to Claim.rmd@state.mn.us. If you have any questions you can contact the Risk Management Division at risk.management@state.mn.us or you can call their 24/7 emergency claims line at 651-201-2594.