

Emergency Purchase Statement

	Reference #	
		ES23-09
Division	Agency	
District #2	Department of Transportation	
Address	City	State Zip Code
819 Depot Ave	Dixon	IL 61021
Contractor/Vendor		
O'Brien Civil Works, Inc		
Address	City	State Zip Code
2963 W Mud Creek Rd	Mt. Morris	IL 61054
Emergency Purchase Details Emergency Category (Click List Box to re-select the appropriate to the appropriat	iate option(s)).	
Immediate expenditure is necessary for repairs to State prop Involving threat to public health or public safety	erty to protect against further loss o	or damage
Reason for selection of this particular contractor/vendor:		
O'Brien Civil Works, Inc was selected to perform the work.		oid and the availability to perform
Below are the contractors contacted and their bid O'Brien Civil Works \$74,360.00	price:	
Martin Excavating \$101,897.00		
Sjostrom & Sons \$129,828.00		
Helm Civil \$132,396.00		
Description of services and/or supplies to be provided:		
Culvert collapse on Pump Factory Rd (south side) at US 30 over the roadside ditch in Lee County, approximately		
5 miles south of Dixon. The top slab of the culvert failed due to advanced age and deterioration. The failed top		
slab of the culvert will be removed and replaced. The selected contractor will remove the existing top slab, brace the walls of the culvert and pour a new top slab. Due to the increased thickness of the top slab the contractor will		
also place HMA pavement to transition the new roadway surface elevation to the existing road surface.		
Is there an existing State contract available for the required s		es 🛭 No
Expected Start Date 05/09/23	Expected End D	oate* 08/07/23
Amount of this expenditure is \$250,000.00		ual or Estimated*Estimated
		ed 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
Signatures		
I am making this statement and providing it to the CPO Office the Illinois Procurement Code and within 10 days after award		curement Policy Board in compliance with
I have authorized the emergency procurement in accordance with the requirements of the Illinois Procurement Code (30 ILCS 500) and the applicable administrative rule. I know and understand the contents of this statement and all statements herein are true and correct to the best of my knowledge.		
Agency Signature	Title	
Trisha Thompson Digitally signed by Trisha Thompson Date: 2023.05.08 16:58:2	District 2 Operations	Engineer

Printed Name	Date
Trisha Thompson	05/08/23
CPO/SPO Signature	Date
megen Juller	5/9/2023