

Chief Procurement Office Bill Grunloh, Department of Transportation - Construction

	Reference #: ES18-14		
EMERGENO	CY PURCHASE STATEMEN	IT	
Agency: Illinois Department of Transportation	Division: District # 2	1999-1-1	
Address: 819 Depot Avenue	City: <u>Dixon</u>	State: IL	Zip: <u>61021</u>
Contractor/Vendor: Sjostrom & Sons, Inc.			
Address: P.O. Box 5766	City: Rockford	State: IL	Zip: 61125
Emergency Purchase Details			
Emergency Category (select the appropriate option from	the drop-down menu below):		
Involving threat to public health or public safety			
Reason for selection of this particular contractor/vendor:			
The following vendors were contacted and their respective Civil Constructors \$847,296.69 Martin Excavating \$782,987.50 Sjostrom & Sons, Inc. \$728,479.75 Sjostrom & Spns, Inc. was selected based on their low bid		<u>.</u>	
Description of services and/or supplies to be provided:	······································		
Immediate expenditure is necessary for repairs to State prextreme freeze/thaw cycles and excessive moisture we have the conditions are creating a traffic hazard causing veh accidents. We have had numerous complaints/claims. This project is located on IL 251. It will include 4 bridges o	ave experienced an excessive amoun ilcles to have tire blowouts or swerve	t of potholes and pave into adjacent lanes p	ement deterioration
Is there an existing State contract available for the require	d services and/or supplies? 🗌 Yes	🔀 No	
Expected Start Date: March 29, 2018	Estimated End Date*: June 26	, 2018	······································
Amount of this expenditure is: \$875,000	Actual or Estimated*: Esti	mated *	<u></u>
	*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	G 🗌 Other



Chief Procurement Office

Bill Grunloh, Department of Transportation - Construction

Reference #: ES18- /4

EMERGENCY PURCHASE STATEMENT

Agency: Illinois Department of Transportation	Division: District # 2	Division: District # 2	
Address: 819 Depot Avenue	City: Dixon	State: IL	Zip: 61021
Contractor/Vendor: Sjostrom & Sons, Inc.			
Address: P.O. Box 5766	City: Rockford	State: IL	Zip: 61125

Signatures

I am making this statement and providing it to the CPO Office, the Auditor General, and the Procurement Policy Board in compliance with the Illinois Procurement Code and within 10 days after award of the contract.

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: "	F _ Marchel	Title:	Region 2 Engineer
Printed Name:	Kevin Marchek	Date:	3-2,8-2018
CPO/SPO Signature:	Collen Coton	Date:	3/29/2018