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:

1. 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.

2. 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

3. 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:
   Gordon Christofferson   Gordon.Christoferson@state.mn.us
   Wayne Waslaski   Wayne.Waslaski@state.mn.us

Agency Name: ___________________________   Date: ______________

Contractor(s) Name(s): ___________________________   Estimated Dollar Amount of the Emergency: $

Agency Contact: ___________________________

Phone: ___________________________

Contractor Name(s): ___________________________

Minnesota Statutes 16C.10, Subd. 2 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.”

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<td>(Check all that apply - <strong>at least one is required</strong>)</td>
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<td>□ Threat to public safety</td>
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Describe the emergency, how it meets the above criteria, include the circumstances leading to the emergency:
Provide a detailed description of the good and/or service to be purchased:

Name and Contact Information of the Agency Contact Completing this Form:
- Name: ________________________________________
- Email: ________________________________________
- Phone: ________________________________________

AGENCY HEAD OR AUTHORIZED DELEGATE

1. I agree this is an emergency per 16C.10, Subd.
2. I acknowledge the risks associated with allowing the vendor to begin work without a fully executed contract.
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 purchase.
4. I understand it is my responsibility to have a fully executed contract in place within 15 calendar days.

Signature: ________________________________________

ADMINISTRATION DEPARTMENT

☐ Approved without qualifications
☐ Approved with qualifications
   ☐ Emergency could have been prevented
   ☐ Other_____________________________________
☐ Disapproved
   ☐ Not an emergency
   ☐ Other_____________________________________
☐ Work began prior to request – 16C violation

Signature: ________________________________________

Date Received in Administration:

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.