**Request for Emergency Purchasing Authority (EPA)**

 **from**

**Division of Purchasing (DOP)**

**E-mail Completed Request Form to:** purchasing@adm.idaho.gov

|  |  |
| --- | --- |
| Agency Purchasing Representative (name): |  |
| E-mail/Phone:  |  |
| Name of Agency: |  |
| Request for the Purchase of:  |  |
| Requested Supplier (vendor name):  |  |
| Cost Estimate (attach invoice/quote):  |  |

*Upon approval of the Administrator of the Division of Purchasing emergency purchases may be made to address a situation that creates a threat to public health, safety or welfare, e.g. by reason of floods, epidemics, equipment failures or other similar circumstances (*[*I.C. §67-9221*](https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH92/SECT67-9221/)*,* [*IDAPA 38.05.01.042-043*](https://adminrules.idaho.gov/rules/current/38/380501.pdf)*).*

**Background and Justification** (*attach additional sheets as needed*):

***Agency Certification:*** *The information provided above is true and accurate to the best of my knowledge; and there is insufficient time and/or other extenuating circumstances (detailed above) creating a public exigency which require a direct and immediate procurement, in the best interest of the State:*

*Agency Representative (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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 **Approved** **Rejected** DOP Administrator Signature:

 DOP Administrator Printed Name:

Date: \_\_\_\_\_ \_\_\_\_\_