

Emergency Purchase Statement

			ence #	
Agency	Division	ES1	9-02	
Illinois Department of Transportation	District # 2			
Address	City	State	Zip	
819 Depot Avenue	Dixon	IL	61021	
Contractor/Vendor				
Civil Constructors				
Address	City	State	Zip	
2283 Route 20 East P.O. Box 750	Freeport	IL	61032	
Emergency Purchase Details Emergency Category (Click List Box to re-select the appropriate option(s)).				
Involving threat to public health or public safety Immediate expenditure is necessary for repairs to State p	property to protect against further loss	or damage		
The following vendors were contacted during the initial emergency plan preparation: Civil Constructors, Sjostrom Construction, Martin Excavating & Valley Construction for input and analysis of the proposed work processes. Civil was the only responsive contractor. They provided valuable feedback, research and field analysis. Civil Constructors was selected based their ability to perform the work, their responsiveness, effort already expended into the project and proximity to the project. Description of services and/or supplies to be provided:				
Immediate expenditure is necessary for repairs undermined slopewall was discovered that had stability issue with the bridge. The existing pilinembedded far enough into the bedrock to withs required to remove the failed slopewall, anchor the anchors and existing pier and replace the sand dewatering is a concern. The work will be be provided by IDOT. This project is located on US 20 over Rush CreCounty.	I slid down and is exerting presing had been driven to refusal, I stand the stresses caused by the into the existing bedrock, pour slopewall. Access is an issue depaid for as time and materials	ssure on the bridge prowever they are not his failure. The conting a concrete encase ue to the deep and the detour and the det	pier, causing a of currently ractor will be ement around narrow terrain traffic control will	
s there an existing State contract available for the require	ed services and/or supplies?	es 🛭 No		
Expected Start Date 07/23/18	Estimated End Date*	0/20/18		
Amount of this expenditure is \$600,000.00		Actual or Estimated* Estimated* *Estimated end date and cost will be reported later.)		
Select the type of funding to be used. Federal Fund	s State Appropriated Funds		Other	

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.

Reference # ES19-02

Agency Signature	Title
f-Marchek	Region 2 Engineer
Printed Name	Date
Kevin Marchek	7-18-2018
CPO/SPO Signature	Date
CallenCator	17/18/2018