



STATE OF ILLINOIS
JOINT PURCHASING PROGRAM
PARTICIPATION RESOLUTION

CMS

Pursuant to the rules promulgated by the Illinois Department of Central Management Services (“Department”) in furtherance of the Illinois Governmental Joint Purchasing Act,

BE IT HEREBY RESOLVED BY THE

Name of Governmental Unit

That said governmental unit does hereby agree on a voluntary basis to participate in the Joint Purchasing Program administered by the Department from the date of this resolution until such time as the Department is given written notice this resolution is revoked.

BE IT FURTHER RESOLVED THAT _____
Name and Title of Contact Person

Is hereby authorized and directed to execute on behalf of the governmental unit all necessary forms, applications, requisitions, and other documents related to this program.

DATE OF PASSAGE _____

OFFICER OF GOVERNMENTAL ENTITY (BOARD MEMBER)

Print Name: _____ Title: _____

Signature: _____

ATTEST (OFFICIAL OF GOVERNING BODY)

Print Name: _____ Title: _____

Signature: _____

Contact Information:

Mailing Address: _____

City/Zip Code: _____

County: _____

E-Mail: _____

Phone: _____
(Area Code)

Fax: _____
(Area Code)

Return to: Joint Purchasing Coordinator
Department of Central Management Services
801 Stratton Office Building
Springfield, IL 62706