

Department of General Services

Emergency Procurement ("EP") Approval Request

Bureau of Procurement

If either of the following two conditions exist, an EP is not required and should not be requested:

1. Material / Service available from DGS statewide contract.
2. Estimated Cost of the Material / Service is within the Small, No-bid Procurement threshold identified in the Procurement Handbook, Part I, Chapter 7.

Agency requests approved to proceed with an emergency procurement under Section 516 of the Commonwealth Procurement Code (62 Pa. C.S. §516).

Requesting Agency Information

Agency/Bureau:	Department of Human Services "prior DPW"				
Contact Person:	Sharon Kachmarek				
Contact Address:	State Route 1014 Torrance PA 15779				
Contact Tel#:	724-459-4677				
Contact Email:	skachmarek@pa.gov				
Description Of Material (or) Service (or) IT	Service	Hemodialysis 3 times/week for a Torrance State Hospital patient.			
SAP Material Groups:	80501000				
Estimated \$ Amount:	75,000.00				
Length of EP:	90 Days				
Delivery Location:	City	Torrance	State	Pennsylvania	ZipCode 15779

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:	Patient is in renal failure from chronic kidney disease.
Provide a brief explanation of the need for the material and/or service:	Patient's kidneys are unable to filter and remove waste and extra fluid from the body.
State the consequence if the procurement is not done on emergency basis:	If dialysis is not performed, patient will suffer toxic waste buildup possibly leading to death.

Indicate whether approval
was obtained from DGS.

If "Yes", provide the following:

☐ Yes

a. Name of person granting approval:

☒ No

b. Date of approval:

☐ ***Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods***

NOTE: Verbal approval will not be provided for this basis. Agency cannot proceed with emergency procurement until this form is completed and approved by DGS.

Identify the Circumstances:

**Why are those
circumstances outside of
the control of Agency?**

**Provide a brief explanation
for the urgent need:**

Information Required

For ALL EP's provide the following information:

**Brief description of selection
process:**

DCI is the closest dialysis center. Neither Indiana Regional Medical Center and Latrobe Area Hospital (our 2 closest hospitals with which we have contracts) perform this service. They both recommended this vendor.

**Full supplier
information
(if known at time of
submission of form)**

Name:

DCI

Address:

25 Colony Boulevard, Blairsville, PA 15779

Telephone #:

724-459-4980

SAP Vendor#:

179476

Total Amount

For EP's that are NOT a threat to public health, welfare, or safety, provide the following information

**Include a list of the solicited
suppliers, their contact information,
and their quotations:**

**Funds have already been
encumbered for this request
(Yes/No):**

☐ Yes

☒ No

**If applicable, what has been done
previously to procure this
material/service? (Also provide the
previous SAP/SRM PO number
and/or Contract Number)**

NOTE: If any Agency only intends to solicit a quote from one supplier, the following section, "Supplemental Single Source Information" must be completed

Supplemental Single Source Information Required

This section of the EP APPROVAL REQUEST Form is only required to be completed if the following is applicable:

- 1. Category of Emergency is due to "Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods."***
- 2. It is not practical for the agency to obtain two or more quotes.***

Is only a single supplier capable of providing the material or services? If Yes, please explain. If not applicable, leave blank and respond in the next block.

Explain why it is not practical to obtain two or more quotes for this emergency procurement.

If timing is a factor, what is the time factor and why? If yes, please explain.

Are there compatibility requirements or compliance requirements? If yes, please explain.

NOTE: If the purpose of the emergency procurement is to prevent a lapse in contracted services, one of the following must be checked. Include status of the new contract/purchase and note any special conditions of the emergency procurement.

☐

To extend a current contract with the current contractor to prevent a lapse in contracted services.

☐

To bridge a gap between an expiring contract and a new contract by allowing the new contractor to begin work before the new contract is fully

☐

To authorize a supplier, who has been properly selected through one of the methods of award, to begin work before the new contract is fully executed because the agency needs the services immediately and cannot wait until full execution of the

☐

If none of the above is applicable, explain how the emergency supplier was selected.

Agency Approvals

IMPORTANT*:The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section

Requesting Authority (Agency Head or Designee reviewing and approving this request)

Requesting Authority signature connotes concurrence with the Agency EP request to procure the material and/or service

Title:

Purchasing Agent 4

Signature:

Daniel R. Boyd

Date:

07-22-16