

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:	Nikki Koser					
Contact Address:	8 Opportunity Drive Loysville PA 17047					
Contact Tel#:	717-789-5508					
Contact Email:	nkoser@pa.gov					
Description Of Material (or) Service (or) IT	Service	Emergency Hospital Services needed to ensure health and safety for residents of the facility.				
SAP Material Groups:	85000000					
Estimated \$ Amount:	12,000.00					
Length of EP:	90 Days					
Delivery Location:	City	Loysville	State	Pennsylvania	ZipCode	17047

Basis for the Emergency Purchase☐

Threat to public health, welfare, or safety

Identify the Threat:

Provide a brief explanation of the need for the material and/or service:

State the consequence if the procurement is not done on emergency basis:

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:

Current contract expires 9/30/16.

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

Bid end date set for October 14, 2016.

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

We need to continue with hospital services in order for residents to be seen emergently.

Information Required

For ALL EP's provide the following information:

**Brief description of selection
process:**

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

Name:

Carlisle Regional Medical Center

Address:

361 Alexander Spring Road, Carlisle, PA 17015

Telephone #:

704-660-4089

SAP Vendor#:

186613

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.

The extension of the contract ends 9/30/16 and at this time bid opening is set for October 14, 2016. The new contract will not be in approval process until after the contract extension expiration therefore necessitating emergency funds for continued hospital services for our residents.



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: 09-28-16