

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:	Kelly Beers					
Contact Address:	160 Main Street Wernersville PA 19565					
Contact Tel#:	610-670-4128					
Contact Email:	kebeers@pa.gov					
Description Of Material (or) Service (or) IT	Service	Basic Life Support Ambulance Transport Service				
SAP Material Groups:	92101902					
Estimated \$ Amount:	20000.00					
Length of EP:	90 Days					
Delivery Location:	City	Wernersville	State	Pennsylvania	ZipCode	19565

Basis for the Emergency Purchase**Threat to public health, welfare, or safety**

Identify the Threat:	Need to provide medical transport to medical appointments and hospital for WeSH consumers.
Provide a brief explanation of the need for the material and/or service:	Current supplier has terminated contract with WeSH.
State the consequence if the procurement is not done on emergency basis:	Only other services available are emergency services which are at a higher cost than necessary and would deplete our budget faster.

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:

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

Name:

Select Ambulance

Address:

115 Little Rock Road Unit A, Reading, PA 19605

Telephone #:

610-236-0111

SAP Vendor#:

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:

Western Berks Ambulance; Southern Berks EMS; Select Ambulance

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)

4300509501

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.

NO

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.

Immediate - no provider is currently available for BLS transport

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

No

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

Current vendor has terminated contract and refuses to provide services. Currently Procurement and Legal are in contact with current supplier to try to resolve issues. Services are needed in the interim.

☐

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:

Assistant Director

Signature:

Carrie Thompson

Date:

09/22/2016