

## 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 Drug and Alcohol Programs					
Contact Person:	Kimberly A. Coleman					
Contact Address:	02 Kline Plaza Harrisburg PA 17104					
Contact Tel#:	717-783-8200					
Contact Email:	kcoleman@pa.gov					
Description Of Material (or) Service (or) IT	Service	Outpatient Gambling Treatment Services				
SAP Material Groups:	85274801					
Estimated \$ Amount:	125,000					
Length of EP:	90 Days					
Delivery Location:	City	various	State	Pennsylvania	ZipCode	99999

*Basis for the Emergency Purchase*

**Threat to public health, welfare, or safety****Identify the Threat:**

Prior to July 1, 2012 the Department of Health, Bureau of Drug and Alcohol Programs (BDAP) provided outpatient gambling treatment services through Participating Provider Agreements (PPAs) to Pennsylvania citizens in need. On July 1, 2012 BDAP became the Department of Drug and Alcohol Programs and utilized the existing PPAs to continue to provide these outpatient gambling treatment services. DDAP has worked for months on updating the existing PPAs that are set to expire on 9/30/16. Recently DDAP was informed that under the Procurement Code only Department of Health is authorized to use PPAs as a mechanism to secure services. In light of this information, DDAP will need to acquire a new procurement method to continue to provide outpatient gambling treatment services. Although DDAP has already taken steps forward, there is not enough time to meet the 10/1/16 deadline. The emergency procurement is necessary to transition providers from a PPA to a new procurement method.

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

Through vetted providers, DDAP is able to make available outpatient gambling treatment services to Pennsylvania citizens in need.

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

Failure to secure agreements with outpatient gambling treatment service providers by 10/1/16 may result in existing and new clients denied treatment.

**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:	various	
	Address:	various	
	Telephone #:		
	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:

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:**

Director, Division of Budget and Grants Manager

**Signature:**

Kimberly A. Coleman

**Date:**

09-23-16