

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:	Labor & Industry					
Contact Person:	Lori A. Micheals					
Contact Address:	651 N Boas Street Harrisburg PA 17121					
Contact Tel#:	717-783-0326					
Contact Email:	lmicheals@pa.gov					
Description Of Material (or) Service (or) IT	Service	A service under the federal Rehabilitation Act that provides disabled citizens with services and equipment necessary to maintain sustainable employment.				
SAP Material Groups:	85000000					
Estimated \$ Amount:	75000.00					
Length of EP:	90 Days					
Delivery Location:	City	Harrisburg	State	Pennsylvania	ZipCode	17121

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

This service is a federal mandate. Without equipment or services determined necessary for disabled citizens to work the individual may not be able to perform work duties in a safe environment resulting workplace injuries and/or handicapped/disabled to themselves or others, if the service is not extended, not only will equipment and services be unavailable to those who require, others could be at risk for injury or become unemployed until the service is available.

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

Keep disabled citizens working in an independent and safe environment.

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

Because the council members who make the determinations for equipment and services are located in disparate locations throughout the state, logistical coordination and administrative support is paramount, and this work cannot be easily transferred to an existing OVR organization.

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:

Requesting an additional three months to the funds commitment to complete the procurement. The existing Funds Commitment ends 12/31/2017; however, more time is needed to complete the procurement.

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

Name: United Cerebral Palsy of Central PA

Address: 55 Utley Drive

Telephone #: 717-737-3477

SAP Vendor#: 117953

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:

United Cerebral Palsy

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)

Due to federal requirements, service is procured publically using the IFB process; however, the resulting contract must be a Funds Commitment.

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.

Service will be awarded to the current supplier through an additional one time three month extension to available until the new contract is fully executed. Historical records indicate that although the service has been solicited publically, the incumbent has been the sole supplier



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:	Administrative Officer 3/Procurement Manager	
Signature:	Lori A. Micheals	Date: 12-08-17