

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:	Toni Hoffecker		
Contact Address:	625 Forster Street Harrisburg PA 17120		
Contact Tel#:	717-772-7764		
Contact Email:	thoffecker@pa.gov		
Description Of Material (or) Service (or) IT	Service	State regulation § 2600.190(a) requires that in order for a non-medically licensed, certified, or registered staff person to administer certain medications, the staff person must complete a Department-approved Medication Administration Training course within the past two years. The Medication Administration Program is recognized by The Department of Human Services (DHS) and The Department of Aging (DOA) as the approved Medication Administration Training Program. The DHS Medication Administration model is managed and operated by the Office of Developmental Programs (ODP). ODP is responsible for delivering the approved Medication Administration curriculum to approved candidates who, in turn, become certified to teach the principles and guidelines for medication administration in facilities licensed under the Chapter 11, 2380, 2390, 2600, 2800, 3800, 6400 and 6600 regulations. Temples administers this program on behalf of ODP and also provides technical assistance for the safe administration of medications.	

SAP Material Groups:	Services					
Estimated \$ Amount:	25,000					
Length of EP:	30 Days					
Delivery Location:	City	Harrisburg	State	Pennsylvania	ZipCode	17120

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:

This work has been preformed under DGS's Master Agreement with Temple that is set to expire on 6/30/2018. The new contract is not going to be approved in time for a 7/1/2018 start date and DHS/ODP cannot have a lapse in these services due to the nature of the program and also federal funding that is attached to these services.

Why are those circumstances outside of the control of Agency?

DHS/ODP does not have any control over DGS contracts or the signature process that is required for contracts.

Provide a brief explanation for the urgent need:

Without these services providers would not be in compliance and would then not be licensed which would negatively impact the individuals we serve. It would also affect our federal funding from CMS.

Information Required

For ALL EP's provide the following information:

Brief description of selection process:

This work has been done through DGS's master agreement for the last 3 years.

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

Name:

Temple Univeristy

Address:

3340 N Broad St., SFC 427

Telephone #:

215-707-7547

SAP Vendor#:

117671

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:

N/A

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)

This work was done via DGS's master agreement with Temple. Currently PO: 4300544217

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.

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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:	Carrie Thompson	
Signature:	Carrie Thompson	Date: 06-14-18