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 Department of Human Services "prior DPW" Agency/Bureau: Kelly Beers **Contact Person:** 160 Main Street **Contact Address:** Wernersville PA 19565 610-670-4128 Contact Tel#: kebeers@pa.gov Contact Email: Crisis Response Training is a team-based, coordinated prevention of or response to Description Of behavioral crises which employs an intentional approach to the de-escalation of human Material (or) Service Service behavior to restore emotional equilibrium. Verbal de-escalation techniques are (or) IT emphasized over physical/hands-on strategies. All physical/hands-on strategies need to incorporate the need of individuals with mental illness and intellectual disability which may include (non-suicidal) self-injurious behaviors. The training program will be implemented to achieve the facility's overall goal of decreasing usage of any physical restrain and eliminating the use of mechanical restraint(s). 85000000 SAP Material Groups: 20000.00 **Estimated \$ Amount:** 90 Days Length of EP: Wernersville Pennsylvania 19565 **Delivery Location:** City State ZipCode

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:

Crisis Response Training is a team-based, coordinated prevention of or response to behavioral crises which employs an intentional approach to the de-escalation of human behavior to restore emotional equilibrium. Verbal de-escalation techniques are emphasized over physical/hands-on strategies. All physical/hands-on strategies need to incorporate the need of individuals with mental illness and intellectual disability which may include (non-suicidal) self-injurious behaviors. The current contract 4400014609 expires on 6/30/18 and has utilized a 3-month extension to 9/30/18. This EP will cover any lapse in service during the ITQ bid process.

	Provide a brief expof the need for the and/or service:	The current contract 4400011476 expires on 6/30/18 and has utilized a 3-month extension to 9/30/18. This EP will cover any lapse in service during the ITQ bid process.							
			These training services are required to ensure the safety of employees and consumers at all state mental health facilities.						
	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 Circur								
	Why are those circumstances ou the control of Age								
	Provide a brief expended for the urgent nee	ovide a brief explanation the urgent need:							
		Ir	nform	nation F	Requ	uired			
For A	LL EP's provide th	e following info	rmation						
	Brief description of selection process:			Current Contract 4400014609					
Full supplier information (if known at time of submission of form) Telephone #: SAP Vendor#:		FEI Behavioral Health Inc							
		648 N I	648 N Plankinton Ave. Ste 425, Milwaukee WI 53203						
		414-35	414-359-6525						
		404495	5		Total Amount				
For EP's that are NOT a threat to public health, welfare, or safety, provide the following information									
supp	nclude a list of the solicited suppliers, their contact information, and their quotations:			havioral Health	Inc. 414-	359-6525			

(Yes/No): If applicable, previously to material/serv	what has been done procure this ice? (Also provide the P/SRM PO number	☐ Yes No This service will be bid out for the new contract. Current Contract 4400011476, Current PO 4300552871.						
NOTE: If any Agency only intends to solicit a quote from one supplier, the following section, "Supplemental Single Source Information" must be completed								
S	upplemental Sir	ngle Source Information Required						
This section is applicable		EST Form is only required to be completed if the following						
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.								
providing the please explai	le supplier capable of material or services? If Yes n. If not applicable, leave spond in the next block.							
-	it is not practical to obtain quotes for this emergency							
_	factor, what is the time facto res, please explain.							
	npatibility requirements or equirements? If yes, please							
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.								
current o	d a current contract with the contractor to prevent a lapse ed services.	This service will be bid out for the new contract. Current Contract 4400011476, Current PO 4300552871.						
contract allowing	e a gap between an expiring and a new contract by the new contractor to begin fore the new contract is fully							

	properly se methods of before the r executed be the services wait until fu	e a supplier, who has been lected through one of the award, to begin work new contract is fully ecause the agency needs immediately and cannot all execution of the ne above is applicable, of the emergency supplier							
	was selecte								
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									
Rec	uesting Aut	hority (Agency Head or Designee review	ving and approvin	g this request)					
		hority signature connotes concurrence	with the Agency E	EP request to procure the					
mat	erial and/or	Division Director	7						
	Signature:	William Spiker	Date:	08-17-18					