#### **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 Environmental Protection           |            |       |              |         |       |
|----------------------------------------------------|--------------------------------------------------|------------|-------|--------------|---------|-------|
| Contact Person:                                    | Bill McDade                                      |            |       |              |         |       |
| Contact Address:                                   | 400 Market Street<br>Harrisburg PA 17101         |            |       |              |         |       |
| Contact Tel#:                                      | 717-783-9937                                     |            |       |              |         |       |
| Contact Email:                                     | wmcdade@pa.gov                                   |            |       |              |         |       |
| Description Of<br>Material (or) Service<br>(or) IT | Aerial Mosquito Insecticide application  Service |            |       |              |         |       |
| SAP Material Groups:                               | 77000000                                         |            |       |              |         |       |
| Estimated \$ Amount:                               | 100000                                           |            |       |              |         |       |
| Length of EP:                                      | 30 Days                                          |            |       |              |         |       |
| Delivery Location:                                 | City                                             | Harrisburg | State | Pennsylvania | ZipCode | 17101 |

# Basis for the Emergency Purchase



emergency basis:

Identify the Threat:

Disaster Declaration. West Nile virus/Other mosquito bourne diseases due to flooding.

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

Disaster Declaration. Flooding in Columbia and Luzerne counties created increased threat for West nile virus and other mosquito-bourne disease. West Nile virus monitoring in 2018 indicates substantial West nile Virus in mosquito population and incidents of West nile virus in humans has been identitifed.

State the consequence if the procurement is not done on

|                                                                                                                                                     |                                                                                                                                                               |                  | ✓ Yes                                    | If "Yes", provide the factor of a name of person gradus. Date of approval:        | _            | Janice Pistor 08-17-18 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|-----------------------------------------------------------------------------------|--------------|------------------------|--|--|
|                                                                                                                                                     | 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 Circun                                                                                                                                           | nstances:        |                                          |                                                                                   |              |                        |  |  |
|                                                                                                                                                     | Why are those circumstances outside of the control of Agency?                                                                                                 |                  |                                          |                                                                                   |              |                        |  |  |
|                                                                                                                                                     | Provide a brief explanation for the urgent need:                                                                                                              |                  |                                          |                                                                                   |              |                        |  |  |
|                                                                                                                                                     | Information Required                                                                                                                                          |                  |                                          |                                                                                   |              |                        |  |  |
| For A                                                                                                                                               | LL EP's provide the                                                                                                                                           | e following info | ormation                                 | :                                                                                 |              |                        |  |  |
| Brief proce                                                                                                                                         | description of selects:                                                                                                                                       | ction            | Curren                                   | Current contractor on contract with DEP performing similar work within the state. |              |                        |  |  |
|                                                                                                                                                     |                                                                                                                                                               | Name:            | Helico                                   | Helicopter Applicators Inc                                                        |              |                        |  |  |
| Full supplier information (if known at time of submission of form)                                                                                  |                                                                                                                                                               | 1670             | 1670 York Road, Gettysburg PA 17325-8201 |                                                                                   |              |                        |  |  |
|                                                                                                                                                     |                                                                                                                                                               | Telephone #:     | 717-337-1370                             |                                                                                   |              |                        |  |  |
|                                                                                                                                                     |                                                                                                                                                               | SAP Vendor#:     | 16600                                    | 6                                                                                 | Total Amount |                        |  |  |
| For E                                                                                                                                               | 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):                                                                                       |                                                                                                                                                               | ☐ Ye             |                                          |                                                                                   |              |                        |  |  |
| 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:     | Division Chief: Contracts,Procurement & Bonding |       |          |
|------------|-------------------------------------------------|-------|----------|
| Signature: | William A. McDade                               | Date: | 08-21-18 |