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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: | Departmen | Department of State | | | | |
|----------------------------------|-----------------------------------|--|-------|--------------|---------|-------|
| Contact Person: | Sara Roado | Sara Roadcap | | | | |
| Contact Address: | | 308 North Office Building Harrisburg PA 17120 | | | | |
| Contact Tel#: | 717-425-5446 | | | | | |
| Contact Email: | sarroadcap@pa.gov | | | | | |
| Description Of | Pharmacy Peer Assistance Program | | | | | |
| Material (or) Service (or) IT | Service | | | | | |
| SAP Material Groups: | 80101604 - Project Administration | | | | | |
| Estimated \$ Amount: | \$32,500.00 | | | | | |
| Length of EP: | 90 Days | | | | | |
| Delivery Location: | City | Harrisburg | State | Pennsylvania | ZipCode | 17120 |
| | | | | | | |

Basis for the Emergency Purchase

Threat to public health, welfare, or safety

| Identify the Threat: | The current contract expired on September 30, 2018. Both parties failed to renew contract with a one-year renewal option before the expiration date. | | |
|------------------------------|--|--|--|
| of the need for the material | This program will assist in the fulfillment of the Bureau's mandate to protect the health and safety of the citizens of the Commonwealth from pharmacists who are unable to practice their licensed profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment. | | |
| procurement is not done on | The Department is currently without a contract for these services. According to the Pharmacy Act, the Department is mandated to provide these services to insure the health and safety of the citizens of Pennsylvania. | | |

Indicate whether approval was obtained from DGS.

If "Yes", provide the following:

Yes a. Name of person granting approval:

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

☑ No

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 selec | ction | Request for Proposal | | | | |
|---|--------------|------------------------------------|--------------|--|--|--|
| process: | | | | | | |
| | Name: | SARPH | | | | |
| Full supplier information (if known at time of submission of form) | Address: | 258 WOLFE LN, ERWIN, PA 15642-9802 | | | | |
| | Telephone #: | 484-802-0951 | | | | |
| | SAP Vendor#: | 134248 | 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:

 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."
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. | Yes, SARPH has provided these services to the Department for many years. Three years ago when the last RFP was issued, SARPH was the only vendor to submit a proposal. |
|---|--|
| Explain why it is not practical to obtain two or more quotes for this emergency procurement. | The program is already in place with SARPH, and due to the complexity of the program, it is not feasible to switch to a new vendor for a short period of time. |
| If timing is a factor, what is the time factor and why? If yes, please explain. | According to the Pharmacy Act 63 P.S. §§ 390-1-390-13, this program assists in the fulfillment of the Bureau's mandate to protect the health and safety of the citizens of the Commonwealth from pharmacists who are unable to practice their licensed profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment. |
| Are there compatibility requirements or compliance requirements? If yes, please explain. | The contractor must have specialized knowledge and experience in providing peer assistance and monitoring services to health care professionals, including pharmacists. The contractor must also have a working knowledge of the Pharmacy Act, 63 P.S. §§ 390-1-390-13. At a minimum, contractor's proposed staff shall include at least one individual with a bachelor's degree (Master's degree preferred) in chemical dependency, sociology, social welfare, psychology, pharmacy, nursing or a related field; and who shall be credentialed in addiction counseling. |

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. | |
|---|---|--|
| M | | Purchase Order No. 4300473812 expired on September 30, 2018. A new RFP will be issued through Jaggaer as soon as possible. |

| | properly sel methods of before the n executed be the services | 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 II execution of the | | | |
|--|---|--|--|-------|------------|
| | If none of th | e above is applicable, | | | |
| | - | the emergency supplier | | | |
| | was selecte | d. | | | |
| 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: | Acting Secretary | | | |
| | Signature: | Robert Torres | | Date: | 10/05/2018 |