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.

State the consequence if the procurement is not done on

emergency basis:

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).

| | | | Procureme | nt Code (62 P | a. C.S. §516). | | | | |
|---|---------------------|--|--|---------------|----------------|---------|-------|--|--|
| | | Req | uesting Ag | gency | Informatio | n | | | |
| Agency/Bureau: | | Labor & In | Labor & Industry | | | | | | |
| Conta | act Person: | Lori A. Mic | Lori A. Micheals | | | | | | |
| Contact Address: | | 651 Boas Street Harrisburg PA 17121 | | | | | | | |
| Contact Tel#: | | 717-783-0 | 717-783-0326 | | | | | | |
| Contact Email: | | Imicheals@pa.gov | | | | | | | |
| Description Of Material (or) Service (or) IT | | Service | Call Center and Unemployment Claims processing services for PUA claimants. | | | | | | |
| SAP Material Groups: | | 8311507 | | | | | | | |
| Estimated \$ Amount: | | 3084197 | | | | | | | |
| Length of EP: | | 90 Days | | | | | | | |
| Delivery Location: | | City | Harrisburg | State | Pennsylvania | ZipCode | 17121 | | |
| | | Basis | for the Em | nergen | cy Purcha | se | | | |
| Threat to public health, welfare, or safety | | | | | | | | | |
| | Identify the Threat | t: | | | | | | | |
| Provide a brief export the need for the and/or service: | | | | | | | | | |

| | Indicate whether | • • | | person granting approval: | | | |
|---|---|------------------|--|--|---|--|--|
| $\overline{\checkmark}$ | | | ol of the agency cro ompetitive methods | eate an urgency of need, | which does not | | |
| | 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. | | | | | | |
| | | | Due to the COVID 19 pandemic, the Department of Labor and Industry, Bureau of Unemployment Compensation claims have significantly increased. Additional call center staffing services are needed to assist telephone and electronic inquiries and claims processing for individuals receiving Pandemic Unemployment Assistance PUA) | | | | |
| | iciicuiiistaiices outside oi | | There is an estimate 718000 citizens who have filed for unemployment benefits under the PUA program. The Department does not have sufficient staff to process the existing or new claims timely. | | | | |
| for the urgent need: | | | The PUA Program was created by the federal government through the Federal Cares Act. which provides up to 39 weeks of unemployment benefits to individuals not eligible for regular unemployment compensation or extended benefits including those who have exhausted all rights to such benefits and workers who are not usually eligible for unemployment compensation benefits. The Department wants to expand processing on the PUA benefit for as long as the program remains in effect. Two-hundred fifty(250) additional call representatives are needed to meet current demands. | | | | |
| For A | LL EP's provide th | | nformation | Required | | | |
| | description of sele | | The Department of L Unfortunately Uniqu representatives. DL provide call centers. | abor and Industry engaged UneSource is only able to provide I Legal used the ITQ to resear Although Maximus only provieted Maximus for the additiona | s 50 additional call ch potential contactors who des Call Center Consulting | | |
| | Name: | | Maximus | ced Maximus for the additiona | т ѕаррогт. | | |
| , | Full supplier information known at time of bmission of form) | Address: | 1891 Metro Drive, Reston, VA 20190 | | | | |
| | | Telephone #: | 703-251-8500 | | | | |
| | | SAP Vendor#: | 167409 | Total Amount | | | |
| For E | P's that are NOT a | threat to public | : health, welfare, or | safety, provide the follo | wing information | | |
| Include a list of the solicited suppliers, their contact information, and their quotations: | | UniqueSource | | | | | |

| Funds have already been encumbered for this request (Yes/No): | Yes No Federal PUA funds will be used to pay for this service. |
|---|--|
| If applicable, what has been done previously to procure this material/service? (Also provide the previous SAP/SRM PO number and/or Contract Number) | N/A |
| | nds to solicit a quote from one supplier, the following section, Single Source Information" must be completed |
| Supplemental Sil | ngle Source Information Required |
| This section of the EP APPROVAL REQU is applicable: | EST Form is only required to be completed if the following |
| | umstances outside the control of the agency create an the delay in using more competitive methods." ain 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. | r |
| Are there compatibility requirements or compliance requirements? If yes, please explain. | |
| one of the following must be che | gency procurement is to prevent a lapse in contracted services, cked. Include status of the new contract/purchase and note any anditions of the emergency procurement. |
| To extend a current contract with the current contractor to prevent a lapse 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 | |
| | |

| | properly select methods of available before the new executed becauthe services in | supplier, who has been sted through one of the ward, to begin work w contract is fully ause the agency needs ammediately and cannot execution of the | | | | | |
|----------------------------|--|--|---|---|--|--|------------------|
| V | | above is applicable, ne emergency supplier | provide | e call centers. Althoughting services, the DLI | gh Maximus only pr | | |
| Age app forr | encies must in the interior in | printed names on this formsure that these individuals ed name on this form. No sidered "signed" by those in the crity (Agency Head or Designee | rm sh s revie handwi ndividu review | ew the completeritten signatures uals whose nan | the signatures ed form and s shall be reques appear in g this request) | give their conse puired in order fo the signature so | ent to or the |
| | uesting Autho erial and/or se | rity signature connotes concur rvice | rence v | with the Agency E | P request to pr | rocure the | |
| Title: Procurement Manager | | | | | | | |
| | Signature: Lo | ori A. Micheals | | Date: | 06-23-20 | | |
| | | | | | | | |