19570

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:

- 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 Corrections									
Contact Person:	Beth Procopio									
Contact Address:	1920 Technology Parkway Mechanicsburg PA 17050									
Contact Tel#:	717-728-3914									
Contact Email:	blprocopio@pa.gov									
Description Of Material (or) Service (or) IT	Service The Department needs to have contracted staff provide support to institutional staff that are facing large numbers of call offs due to COVID. Some of the duties this staff would perform would helping to prepare meal trays and to provide some Outpatient services to the inmates.									
SAP Material Groups:	85122100									
Estimated \$ Amount:	176,400									
Length of EP:	7 months									
Delivery Location:	City	Chester	State	Pennsylvania	ZipCode	11111				

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:

Due to COVID-19 pandemic, many of the staff at SCI Chester have gotten ill and are required to be off from work while in quarantine. The DOC is looking have current contract staff that areon site to support institutional staff in helping with some of their duties.

Provide a brief explanation SCI Chester has many staffing positions that are contract staff through GEO, Inc. The institution wants to use these contract staff to assist facility staff during this of the need for the material time. This assistance is needed due to large numbers of staff absences caused by and/or service: COVID. These duties include food service areas to prepare meal trays and to provide some outpatient services. Staff call offs due to COVID make operations within the facility difficult and put additional strain on the remaining staff. The contract staff are willing to volunteer to work extra hours to assist in this time of emergency. The Outpatient services are needed currently due to the inability to transfer inmates out that are in need of this program. The DOC is trying to minimize the COVID transmission as much as possible and treat in place. Inmates at Chester are currently in need of this programming to be eligible for parole opportunity. State the consequence if the SCI Chester will not have staff to complete the daily operations as needed thus posing a threat to the health and welfare of both inmates and staff. These contract procurement is not done on staff are needed now to assist as the pandemic is ongoing daily. emergency basis: If "Yes", provide the following: Indicate whether approval Yes a. Name of person granting approval: was obtained from DGS. 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:** 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: GEO, Inc is one of our contracted vendors and has staff on site in the insitutions. Brief description of selection process:

The Geo Reentry Services, LLC.

561-893-0101

407209

4955 Technology Way. Boca Raton, FL 33431

Total Amount

Name:

Address:

Telephone #:

SAP Vendor#:

Full supplier

information
(if known at time of submission of form)

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):						
If applicable, what has been done previously to procure this material/service? (Also provide the previous SAP/SRM PO number and/or Contract Number)						
	olicit a quote from one supplier, the following section, ource Information" must be completed					
Supplemental Single Source Information Required						
This section of the EP APPROVAL REQUEST Folios applicable:	rm is only required to be completed if the following					
1. Category of Emergency is due to "Circumstan urgency of need, which does not permit the dela 2. It is not practical for the agency to obtain two	y in using more competitive methods."					
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.						

	contract an	gap between an expiring d a new contract by e new contractor to begin e the new contract is fully					
	properly se methods of before the r 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 all execution of the					
		ne above is applicable, v the emergency supplier ed.					
		Agen	cy A	pprov	als		
Age app	encies must ly their pri	he printed names on this for t insure that these individuals nted name on this form. No l onsidered "signed" by those in	revie handwr	w the co	mplete atures	ed form and give their shall be required in o	consent to order for the
Rec		hority (Agency Head or Designee hority signature connotes concur service		•	_	• •	
	Title:	Deputy Secretary for Administration					
	Signature:	Christopher Oppman			Date:	11-05-20	