

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 Corrections				
Contact Person:	Bob McSurdy				
Contact Address:	1920 Technology Parkway Mechanicsburg PA 17050				
Contact Tel#:	570-449-4016				
Contact Email:	robmc surdy@pa.gov				
Description Of Material (or) Service (or) IT	Material	TPC Pro clean Extra oral suction systems for facility dental suites to assist with dental aerosol mitigation via HEPA filtration which helps to reduce the infection potential of the Coronavirus in the dental setting.			
SAP Material Groups:	42150000				
Estimated \$ Amount:	25,000				
Length of EP:	6 months				
Delivery Location:	City	Bellefonte	State	Pennsylvania	ZipCode 16823

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:	Due to the Coronavirus these devices are needed in the institutions to protect staff and inmates and prevent the spread of the virus.
Provide a brief explanation of the need for the material and/or service:	These devices will be placed in the dental suites at facilities to prevent exposure and to mitigate transfer of the Coronavirus to dental staff and inmates. 6 units were procured previously from the same vendor and placed in facilities as necessary.
State the consequence if the procurement is not done on emergency basis:	If these devices are not provided to the facilities, there is significant increase in spreading the coronavirus to dental staff and inmates.

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 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 selection
process:

Beach's Dental provided the first set of devices and is positioned to provide additional devices immediately.

Full supplier
information
(if known at time of
submission of form)

Name:

Beach's Dental Equipment Sales and Service LLC

Address:

1176 Beaver Street, Hastings, PA 16646

Telephone #:

814-247-8701

SAP Vendor#:

16646

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:

- 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.

Due to the ongoing danger of coronavirus transmission and increase in facility covid positives, the additional devices are needed asap to protect the safety of dental staff and inmates.

If timing is a factor, what is the time factor and why? If yes, please explain.

The coronavirus has continued to impact staff and inmates regardless of exercising COVID PPE protection and protocols.

Are there compatibility requirements or compliance requirements? If yes, please explain.

Yes, to maintain continuity of devices for operational and training requirements.

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.**

Vendor was selected to provide same items as were previously procured via pcard. To maintain continuity and standardization across all facilities for use and training purposes.

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:

Deputy Secretary for Administration

Signature:

Christopher Oppman

Date:

01-14-21