

## 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 Human Services "prior DPW"					
Contact Person:	Michele Messinger					
Contact Address:	625 Forster Street, Room 333 Harrisburg PA 17120					
Contact Tel#:	717-787-5253					
Contact Email:	mimessinge@pa.gov					
Description Of Material (or) Service (or) IT	Service	Healthcare Reform				
SAP Material Groups:	85000000					
Estimated \$ Amount:	100,000.00					
Length of EP:	8 Months					
Delivery Location:	City	Harrisburg	State	Pennsylvania	ZipCode	17120

*Basis for the Emergency Purchase*☐

*Threat to public health, welfare, or safety*

Identify the Threat:

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

State the consequence if the procurement is not done on emergency basis:

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:**

Executive Order 2020-5-HealthCare Reform Council

**Why are those  
circumstances outside of  
the control of Agency?**

Deadlines set by Governor in Executive Order

**Provide a brief explanation  
for the urgent need:**

Deadlines set by Governor in Executive Order

## *Information Required*

***For ALL EP's provide the following information:***

**Brief description of selection  
process:**

Vendor previously performed related services for the Department.

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

Name:

OREGON HEALTH & SCIENCE UNIVERSITY

Address:

3181 SW SAM JACKSON PARK RD

Telephone #:

503-494-9734

SAP Vendor#:

521118

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)**

4300659855 revised. PO extension date not requested.

**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.**

Vendor already provided related services.

**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.**

Work is already in process.

**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:**

Secretary

**Signature:**

Teresa D. Miller

**Date:**

01-14-21