

## 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 Military and Veterans Affairs				
Contact Person:	Tammy Wenrich				
Contact Address:	0-47 Fisher & Wiley Avenue, Fort Indiantown Gap Annville PA 17003				
Contact Tel#:	717-861-8519				
Contact Email:	tawenrich@pa.gov				
Description Of Material (or) Service (or) IT	Service	COVID19 Testing of VA Homes residents & staff daily			
SAP Material Groups:	85121801				
Estimated \$ Amount:	1,000,000.00				
Length of EP:	6 months				
Delivery Location:	City	Erie	State	Pennsylvania	ZipCode 16507

## Basis for the Emergency Purchase



## Threat to public health, welfare, or safety

## Identify the Threat:

COVID19 testing to prevent the further spread or loss of life within the VA Home to all residents & staff and stay in compliance with multi-testing requirements for staff and residents. The current lab is not able to handle the volume and provide timely results.

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

COVID19 testing to prevent the further spread within the VA Home to all residents & staff. This service was put in place as a back-up to the state lab services and paid with the credit card, however, backlog and additional testing requirements has caused the additional increase in costs with this vendor for services.

<b>State the consequence if the procurement is not done on emergency basis:</b>	Spread & loss of life due to COVID19
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<b>Indicate whether approval was obtained from DGS.</b>	<b>If "Yes", provide the following:</b>	
	<input type="checkbox"/> <b>Yes</b>	a. Name of person granting approval:
	<input checked="" type="checkbox"/> <b>No</b>	b. Date of approval:

<input type="checkbox"/>	<b>Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods</b>
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<b>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.</b>
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<b>Identify the Circumstances:</b>
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<b>Why are those circumstances outside of the control of Agency?</b>
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<b>Provide a brief explanation for the urgent need:</b>
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## Information Required

<b>For ALL EP's provide the following information:</b>
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<b>Brief description of selection process:</b>	ACL/Quest Diagnostics was initially used when setting up "back-up" Pcard PO's when COVID19 start in 3.2020. However, with massive outbreaks at the six VA Homes, testing has been increased to daily for all residents & staff. The Pcard PO can no longer be utilized to pay these high dollar amount invoices from Quest.
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<b>Full supplier information (if known at time of submission of form)</b>	<b>Name:</b>	ACL		
	<b>Address:</b>	1526 Peach St, Erie PA 16501-2110		
	<b>Telephone #:</b>	814-461-2534		
	<b>SAP Vendor#:</b>	150438	<b>Total Amount</b>	

<b>For EP's that are NOT a threat to public health, welfare, or safety, provide the following information</b>
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<b>Include a list of the solicited suppliers, their contact information, and their quotations:</b>	We have been using EuroFin as the state lab but the time frame is vital for the results & currently Quest is the quickest vendor
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<b>Funds have already been encumbered for this request (Yes/No):</b>	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
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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.

We have been using EuroFin as the state lab but the time frame is vital for the results & currently Quest is the quickest vendor to provide results.

Explain why it is not practical to obtain two or more quotes for this emergency procurement.

Due to time fram & timeliness of the test results

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

COVID19 test results are needed ASAP

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.

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To extend a current contract with the current contractor to prevent a lapse in contracted services.

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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

<input type="checkbox"/>	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
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<input checked="" type="checkbox"/>	If none of the above is applicable, explain how the emergency supplier was selected.
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ACL/Quest is currently providing all the testing to PSSH VA Home
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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:	Director, Bureau of Office Services
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Signature:	Mandy Teter	Date:	01-14-21
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