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:	Karen Caru	Karen Caruso						
Contact Address:	1	Torrance State Hospital Torrance PA 15779						
Contact Tel#:	724-459-4545							
Contact Email:	karcaruso@pa.gov							
Description Of Material (or) Service (or) IT	CRNP services to be provided to Torrance State Hospital (SH). Service							
SAP Material Groups:	94101806							
Estimated \$ Amount:	19570.00							
Length of EP:	2/21/22 - 3/31/22							
Delivery Location:	City Torrance State Pennsylvania ZipCode 15779							

Basis for the Emergency Purchase



Threat to public health, welfare, or safety							
Identify the Threat:	Torrance SH has a critical and immediate need for a CRNP. CRNPs are vital for the continuity of care to the consumers. The state medical staffing contractor was unable to fill this position.						
Provide a brief explanation of the need for the material and/or service:	Torrance SH finds it difficult to recruit medical staff for our facility due to our rural location.						
State the consequence if the procurement is not done on emergency basis:	If this service is not provided, it will be detrimental to the treatment of our consumers.						

	Indicate whether was obtained	from DGS.		If "Yes", provide a. Name of perso b.Date of appro	n granting 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: Verb	• •	-		pasis. Agency canno pleted and approved	ot proceed with emergency I by DGS.		
	Identify the Circun	nstances:						
Why are those circumstances outside of the control of Agency?								
Provide a brief explanation for the urgent need:								
		In	form	nation R	equired			
For A	LL EP's provide th	e following infor	mation	:				
Brief o	description of selections	ction			ງ contractor has been ເ ected vendor in the pas	nable to fill this position. We		
		Name:	мнм s	Solutions Inc				
Full supplier information (if known at time of submission of form)		1593 S	Spring Hill Rd, Ste (610, Vienna, VA				
		Telephone #:	703-74	19-4600				
		SAP Vendor#:	421188	8	Total Amount			
For El	P's that are NOT a	threat to public	health,	welfare, or safe	ety, provide the fo	llowing information		
suppl	le a list of the solic iers, their contact i neir quotations:							
Funds have already been encumbered for this request (Yes/No):			Ye N					
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
	s section of the EP APPROVAL REQUEST Fooplicable:	orm is only required to be completed if the following
urg	ategory of Emergency is due to "Circumstar ency of need, which does not permit the dela is not practical for the agency to obtain two	
prov plea	nly a single supplier capable of viding the material or services? If Yes, use explain. If not applicable, leave ak and respond in the next block.	
two	lain why it is not practical to obtain or more quotes for this emergency curement.	We reached out to the state medical staffing contractor in October 2021 via the Vector System. To date they have not been able to fill this position. We have worked with MHM in the past and they were able to provide a candidate.
	ning is a factor, what is the time factor why? If yes, please explain.	
	there compatibility requirements or pliance requirements? If yes, please lain.	
	one of the following must be checked. In	procurement is to prevent a lapse in contracted services, nclude status of the new contract/purchase and note any as 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.	We reached out to the state medical staffing contractor in October 2021 via the Vector System. To date they have not been able to fill this position. We have worked with MHM in the past and they were able to

provide a candidate.

IMPORTANT*:The	printed na	imes on	this form	n shall	constitute	the	signatures	of	these in	idividuals.
Agencies must i	nsure that	these in	dividuals	review	the compl	eted	form and	give	their co	onsent to
apply their printe	d name or	ı this for	m. No ha	andwritte	n signatur	es sh	all be rec	uired	in orde	r for the
form to be cons	idered "sig	ned" by	those inc	lividuals	whose n	ames	appear in	the	signatur	e 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		
Signature:	DeShawn A. Lewis	Date:	0126-22