

## 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:	Steve Jones					
Contact Address:	2500 Lisburn Rd Camp Hill PA 17011					
Contact Tel#:	717-975-5214					
Contact Email:	jsteven@pa.gov					
Description Of Material (or) Service (or) IT	Service	Nursing Services				
SAP Material Groups:	94101806					
Estimated \$ Amount:	441600.00					
Length of EP:	90 Days					
Delivery Location:	City	Camp Hill	State	Pennsylvania	ZipCode	17011

*Basis for the Emergency Purchase***Threat to public health, welfare, or safety****Identify the Threat:**

A severe shortage in the area due to having 16 nurse vacancies at this time. We are a diagnostic center and must test all inmates upon arrival for Covid-19. The testing is also completed after isolation. The contract vendor cannot provide the needed resources.

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

Nursing is needed to provide medical care for the inmate population and staff a small infirmary as well as conduct Covid-19 testing / vaccinations on inmates as well as staff.

<b>State the consequence if the procurement is not done on emergency basis:</b>	We will be without adequate staff on both the second and third shifts.
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<b>Indicate whether approval was obtained from DGS.</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">If "Yes", provide the following:</div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Yes</div> a. Name of person granting approval: <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">No</div> b. Date of approval:
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<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>	Based on the current emergency purchase orders for this service, this vendor is able to fill many of the open shifts on a regular basis as compared to several other vendors and the state contracted vendor.
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<b>Full supplier information (if known at time of submission of form)</b>	Name:		Maxim Healthcare Staffing Svcs Inc.	
	Address:		33 Terminal Way, Ste 400, Pittsburgh PA 15219-1216	
	Telephone #:		412-505-0518	
	SAP Vendor#:		544095	Total Amount

<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>
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<b>Funds have already been encumbered for this request (Yes/No):</b>	<input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Yes</div> <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">No</div>
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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.

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.

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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

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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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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**

<b>Title:</b>	Deputy Secretary of Administration	
<b>Signature:</b>	Christopher Oppman	<b>Date:</b> 06-14-22