

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:	Rose Heller					
Contact Address:	1000 Route 522 Selinsgrove PA 17870					
Contact Tel#:	570-372-5671					
Contact Email:	roheller@pa.gov					
Description Of Material (or) Service (or) IT	Service	RN - All Shifts				
SAP Material Groups:	85100000					
Estimated \$ Amount:	350,000.00					
Length of EP:	6 months					
Delivery Location:	City	Selinsgrove	State	Pennsylvania	ZipCode	17870

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

Selinsgrove Center (SC) has a critical shortage of RNs. The shortage of RNs poses a threat to both residents and staff. SC has been unsuccessful with hiring state nurses and the Commonwealth contracted vendor hasn't been able to provide RNs for SC.

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

SC needs to utilize Dedicated Nursing Associates Inc to fill vacancies until SC can hire more RNs. The Commonwealth contract vendor hasn't been able to recruit any RNs against requisition# 695905, 695906 and 695908.

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

SC needs to utilize Dedicated Nursing Associates Inc staff to ensure the health and safety of the residents and staff. The level of care will decrease if the SC is not adequately staffed.

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:

The facility contacted three vendors which all provided quotes and selected the lowest quote. The vendor has been successful in providing other agency staff for the facility. The current Commonwealth state contracted vendor hasn't been able to recruit any RNs against requisition# 695905, 695906 and 695908. See recent email from the Commonwealth State contracted vendor confirming they are still not able to provide.

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

Name:

Dedicated Nursing Associates Inc

Address:

6536 William Penn Hwy RT 22, Delmont, PA 15626

Telephone #:

724-575-7233

SAP Vendor#:

373564

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.

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.

☐

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.

The facility contacted three vendors which all provided quotes and selected the lowest quote. The vendor has been successful in providing other agency staff for the facility. The current Commonwealth state contracted vendor hasn't been able to recruit any RNs against requisition# 695905, 695906 and 695908. See recent email from the Commonwealth state contracted vendor confirming they are still not able to provide.

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:

Procurement Specialist 3

Signature:

David Stillions

Date:

11-29-22