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:	Departmen	Department of Military and Veterans Affairs					
Contact Person:	Megan Tob	in					
Contact Address:		Fort Indiantown Gap Bldg 0-47 Fort Indiantown Gap Annville PA 17003 Annville PA 17003					
Contact Tel#:	717-861-8579						
Contact Email:	metobin@p	metobin@pa.gov					
Description Of Material (or) Service (or) IT	Material Medical Beds						
SAP Material Groups:	42000000						
Estimated \$ Amount:	219028.50						
Length of EP:	6 months						
Delivery Location:	City Philadelphia State Pennsylvania ZipCode 19154						

Basis for the Emergency Purchase



Threat to public health, welfare, or safety					
Identify the Threat:	Due to the contract not being available for Medline, there is not enough time for training to take place for the nurses for a different type of bed.				
	Medical Beds needed for residents, if not provided, this could cause injury to residents due to patients and nurses not being familiar with the type of medical beds.				
	Undue injury to residents could occur due to patients and nurses not familiar with these medical beds.				

	Indicate whether approval was obtained from DGS. Yes a. Name of person granting approval: 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						
		• •	-	this form is completed	•		
	Identify the Circun	nstances:					
	Why are those circumstances out the control of Age						
	Provide a brief exp for the urgent need						
		In	forn	nation Req	uired		
For A	LL EP's provide the	e following info	rmation	ı:			
Brief o	description of selections:	ction					
		Name:	Medline Industries Inc				
Full supplier information (if known at time of submission of form)		3 Lake	es Drive Northfield IL 600	93-2753			
		Telephone #:	847-643-4928				
		SAP Vendor#:	20798	33	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):			res 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.

Agency	'Ap	prova	ls
--------	-----	-------	----

IMPORTANT	*:The printe	ed names	on this	form shall	constitute t	the signatures	of these	individuals.
Agencies n	nust insure	that these	individu	als review	the complete	ed form and	give their	consent to
apply their	printed nar	ne on this	form. N	o handwritte	en signatures	s shall be req	juired in o	rder for the
form to be	considered	"signed"	by those	individuals	whose nan	nes appear in	the signa	ture 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:	Chief of Procurement		
Signature:	Tammy Wenrich	Date:	04-25-24