

## 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:                              | Catherine Hawanchak                      |                                                                                                                                                  |       |              |               |
| Contact Address:                             | State Route 1014<br>Torrance PA 15779    |                                                                                                                                                  |       |              |               |
| Contact Tel#:                                | 724-459-4547                             |                                                                                                                                                  |       |              |               |
| Contact Email:                               | chawanchak@pa.gov                        |                                                                                                                                                  |       |              |               |
| Description Of Material (or) Service (or) IT | Service                                  | Forensic Unit patient was rushed to Indiana Regional Medical Center's emergency room and then admitted due to low blood sugar or (Hypoglycemia). |       |              |               |
| SAP Material Groups:                         | 80501000                                 |                                                                                                                                                  |       |              |               |
| Estimated \$ Amount:                         | 25,000                                   |                                                                                                                                                  |       |              |               |
| Length of EP:                                | 60 Days                                  |                                                                                                                                                  |       |              |               |
| Delivery Location:                           | City                                     | Indiana                                                                                                                                          | State | Pennsylvania | ZipCode 15701 |

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

|                                                                          |                                                                                                                                                                      |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Identify the Threat:                                                     | Patient from our Forensic Unit was rushed to Indiana Regional Medical Center's emergency room and then later admitted due to having low blood sugar or Hypoglycemia. |
| Provide a brief explanation of the need for the material and/or service: | Patient developed signs of having Hypoglycemia or low blood sugar.                                                                                                   |
| State the consequence if the procurement is not done on emergency basis: | If patient was left untreated with Hypoglycemia this could have led to his death.                                                                                    |

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:**

Indiana Regional Medical Center is the closest medical hospital.

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

Name:

Indiana Regional Medical Center

Address:

PO Box 788, Indiana, PA 15701

Telephone #:

724-357-8159

SAP Vendor#:

142736

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.**

# 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 of Procurement

**Signature:**

Daniel R. Boyd

**Date:**

11-24-14