

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 Military and Veterans Affairs				
Contact Person:	Karen Sattazahn				
Contact Address:	DMVA, FTIG, Bld. 0-47, Annville PA 17003				
Contact Tel#:	717-861-8832				
Contact Email:	ksattazahn@pa.gov				
Description Of Material (or) Service (or) IT	Service	Therapy Services			
SAP Material Groups:	85122101				
Estimated \$ Amount:	220,000.00				
Length of EP:	60 Days				
Delivery Location:	City	Annville	State	Pennsylvania	ZipCode 17003

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:

Lapse of service to all Veterans located in each of our 6 Veteran Home(s)/Center(s) for Physical/Occupational Therapy, a Restorative Nursing Training Program (RNP), and a Resident Exercise Program. . A RFP has been completed. Award has been determined and is currently going through the approval process.

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

Physical/Occupational Therapy, a Restorative Nursing Training Program (RNP), and a Resident Exercise Program is a critical ongoing service needed to all Veterans.

State the consequence if the procurement is not done on emergency basis:	Lapse of services to all Veterans that need Therapy.
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Indicate whether approval was obtained from DGS.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">If "Yes", provide the following:</div> <div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 0 5px;">Yes</div> a. Name of person granting approval: </div> <div> <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 0 5px;">No</div> b.Date of approval: </div>
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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:	RFP processed with a committee to perform an extensive analysis by scoring method to determine award.		
Full supplier information (if known at time of submission of form)	Name:	Benchmark Therapies Inc.	
	Address:	PO Box 870, Huntington, Pa 16652-0870	
	Telephone #:	814-506-8212	
	SAP Vendor#:	206897	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:	see attached
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Funds have already been encumbered for this request (Yes/No):	<div> <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 0 5px;">Yes</div> </div> <div> <input type="checkbox"/> <div style="border: 1px solid black; padding: 0 5px;">No</div> </div>	by Shopping Carts
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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)	SPC Contracts: DVVH4000015694 GMVC4000015699 HVH4000015704 PSSH4000015693 SEVC4000015695 SWVC4000015701
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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.	Yes, for continuity of services to our Veterans
Explain why it is not practical to obtain two or more quotes for this emergency procurement.	Extensive process has been completed and awarded vendor is determined.
If timing is a factor, what is the time factor and why? If yes, please explain.	Yes, services will lapse until approvals are obtained.
Are there compatibility requirements or compliance requirements? If yes, please explain.	Yes, Medical Compliance, licenses, extensive credentialing process.

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.

<input type="checkbox"/>	To extend a current contract with the current contractor to prevent a lapse in contracted services.
<input type="checkbox"/>	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

All 6 SPC Contracts have been signed by the awarded vendor. The agency Head has signed and is in the legal, Attorney General signature process.
DVVH - 4000020096, GMVC - 4000020097, HVH - 4000020083, PSSH - 4000020085, SEVC - 4000020087. SWVC - 4000020086



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:

Chief, Procurement and Contracting

Signature:

Rebecca Jacovino-Smith

Date:

04-29-16