

Emergency Justification Form

Requisition #: REQ20000263      Date: 8/21/19      Amount of Purchase: \$13,579.19      EMG: FY19/20-016

Department: Detention Center

Vendor: Computer Assets

This form has been designed to assist all San Miguel County employees in providing information necessary in the processing of an emergency requisition of products and/or services. Please complete and forward to the Finance Department along with your Purchase Requisition.

Departmental Responsibilities:

1. State the reason for the emergency purchase by explaining what the emergency is and/or what caused the emergency situation. **Master Control cameras became inoperable which is a life and safety issue due to risk of assault on staff members and inmates.**
2. State the financial or operational damage/risk that will occur if needs are not satisfied immediately (do not simply say there will be a loss or some damage): **Master Control is unable to monitor the facility. Master Control must have control of surveillance for security at all times, unable to monitor security poses an incredible risk to the safety of inmates and/or staff.**
3. State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: **Due to the severity of the situation, Computer Assets was contacted being that they are the original installers of the camera system. The current system is obsolete and is in need of a total upgrade. Vendor is responsive to the facility and is available to start as soon as PO is received.**
4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): **Computer Assets has assisted the facility with previous incidents and is responsive in a timely manner to resolve the life and safety issue.**

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for an emergency procurement.

Submitted by:

\_\_\_\_\_  
Elected Official/Department Supervisor

8/21/19  
Date

\_\_\_\_\_  
County Manager

8/21/19  
Date

FINANCE DEPARTMENT USE ONLY:	
Approved By: _____ Finance Department	Date: <u>8/22/19</u>
Emergency #: <u>FY1920-016</u>	