

Emergency Justification Form

Requisition #: REQ20000265      Date: 8/21/19      Amount of Purchase: \$340.00      EMG: FY19/20-017

Department: Detention Center      Vendor: Port Plastic/Card Services

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. **Utilization of inmate PODs is not safe due to the windows being broken. In order to provide safe living areas, it was important to get the windows replaced before utilizing the PODs again. These PODs are utilized on a daily basis.**
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): **Safely utilizing living areas is important, broken windows are definitely something that needs prompt attention because it creates an unsafe atmosphere.**
3. State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: **Windows are crucial and must be addressed immediately in order to provide a safe living experience for inmates. Vendors within the City were notified of our needs, they did not have the material needed.**
4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): **Vendor is responsive to the Department needs. They are able to supply the plexiglass needed immediately, Plexi windows in stock.**

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: \_\_\_\_\_ Date: 8/22/19  
Finance Department

Emergency #: FY1920-017