

Emergency Justification Form

Requisition #: VFD-42 Date: 3/31/2015

Amount: ~~\$517.00~~ 5624.76
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EMG: FY1415-057

Department: Fire Department Vendor: Rays Plumbing

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.

The Gallinas Fire Station had a sewage backup that occurred on a weekend and it was backing up into the facility and had to be addressed as they are connected to the city main sewage line. This could result in serious problems to include medical hazards.

- 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):

The risks and costs could have been extremely high due to repairs to the actual facility as a result of the overflow and to include sanitation costs etc.

- 3. State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures:

The needed services could not be anticipated at the time of the incident. Therefore an instant repair to avoid further complications was in order.

- 4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable):

Chief Martinez stated he contacted a couple of plumbers but they were not available immediately and the issue needed a resolution or quick fix to stop the ongoing process of back flow.

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:

_____/s/_____
Elected Official/Department Supervisor

Date 3/30/2015

_____/s/_____
County Manager

Date 4/1/2015

FINANCE DEPARTMENT USE ONLY:

Approved By: _____/s/_____
Finance Department

Date: 3/19/2015