

Emergency Justification Form

Requisition #: DC-14

Date: 7/21/2015

Amount: \$500.00

Department: Detention Center Vendor: A&B Laundry

EMG: FY15/16-014

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.

Facility Laundry Dryer within the main laundry area, as well as the dryer unit within the Community Based Housing Area are inoperable.

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):

Dryer not being operable may cause a disturbance within the facility. This causes life and safety issues. Inmate clothing cannot be properly washed and dried. This creates a lack of sanitary conditions and is a life safety, general health concern to staff and inmates alike.

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

No dryer to properly dry inmates clothing may lead inmates to become upset and cause rioting conditions. Additionally, the health, safety and general welfare of inmates and staff is impacted by the inability to properly wash, dry and launder clothing, linens and bedding.

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

Vendor chosen is responsive to the facility.

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

_____7/23/2015_____
Date

_____/s/_____
County Manager

_____7/24/2015_____
Date

FINANCE DEPARTMENT USE ONLY:

Approved By: _____/s/_____
Finance Department

Date: 7/24/2015