

Emergency Justification Form

Requisition #: VFD-34

Date: 9/24/2015

Amount: \$46.77

Department: Gallinas Volunteer Fire Department Vendor: Gallinas Discretionary Fund

EMG: FY15/16-030

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 Department responded to an MVA which resulted in a fatality. Due to the nature of the incident the fire department had to remain on scene for an extended period of time beyond 4 hours. Therefore rehab is required.**
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 risk would be the life safety and health of the personnel on scene. This is beyond a dollar amount.**
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 needs were not anticipated as this was an emergency call**

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

The vendor selected was selected based on replenishment needs.

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

_____9/24/2015_____
Date

_____/s/_____
County Manager

_____9/25/2015_____
Date

FINANCE DEPARTMENT USE ONLY:

Approved By: _____/s/_____
Finance Department

Date: 9/29/2015