## **Emergency Justification Form**

## Requisition #: <u>REQ17000544</u> Date: <u>10/21/2016</u> Amount of Purchase: <u>\$12,000.00</u> EMG: <u>FY16/17-033</u>

## Department: DETENTION CENTER Vendor: ARGYLE SECURITY ELECTRONICS

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 Oemergency situation. <u>The Unit Control Computer Hard Drive needs to be replaced immediately. The</u> <u>current hard drive is not functioning properly when shut down. Cause of malfunction is normal wear</u> <u>and tear of the system over a large period of time.</u>
- 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): <u>Inoperable hard drive will not allow all unit control</u> doors to open electronically. Doors must be 100% capability at all times. This can cause a severe risk in safety and security.
- 3. State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: <u>Security of the facility at all times is essential</u>. Any security controls must immediately be replaced when any deficiency is detected.
- 4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): <u>Vendor is proprietary to the security electronics of the Detention Center. Any replacement of security electronics must be done by the above vendor.</u>

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

<u>10/21/16</u> Date

<u>10/25/16</u> Date

**County Manager** 

FINANCE	DEPARTMENT	USE	ONLY:

Approved By: \_

Date: 10/26/16

**Finance Department**