Emergency Justification Form

Requisition #: REQ1801168 **Date: 4/25/18** **Amount of Purchase: $100.00** **EMG: FY17/18-099**

Department: DETENTION CENTER **Vendor: HIGHLANDS WRECKER SERVICE**

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. **Detainees housed at the Detention Center are claiming to be submitting grievances in the designated locations of grievance boxes. When Detention Center officers are attempting to pick up grievances on a daily basis, they are not being located.**

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): **Inmate grievances contain confidential and crucial information. If an inmate files a grievance on another inmate and the information was to be exposed, this could potentially put lives at risk.**

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 cause for the situation is unknown, but at this time we believe it is crucial to change all grievance box locks, therefore they cannot be tampered with.**

4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): Vendor selection is random. **Highlands Wrecker was responsive to the facility's 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:

_____ 4/25/18
Elected Official/Department Supervisor Date

_____ 4/25/18
County Manager Date

FINANCE DEPARTMENT USE ONLY:

Approved By: _____ Date: 4/26/18
Finance Department

Emergency #: **099**