

**REPORT OF EMERGENCY PROCUREMENT ACTION**

**COMAR 21.05.06**

**Procurement Officer's Determination**

*"Emergency" means a sudden and unexpected occurrence or condition which agency management reasonably could not foresee that requires an action to avoid or mitigate serious damage to public health, safety, or welfare.*

Department/Procurement Agency: \_\_\_\_\_

File or ID No.: \_\_\_\_\_

Date Dept/Agency first aware of emergency: \_\_\_\_\_

Nature of Emergency: \_\_\_\_\_

\_\_\_\_\_

Date of Solicitation: \_\_\_\_\_

Number of firms responding to solicitation: \_\_\_\_\_

Name of Firms Responding	Price	Time of Performance
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Name and address of selected vendor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Basis for Selection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no competitive solicitation was made, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Contract Award: \_\_\_\_\_

Term: \_\_\_\_\_

Amount: \_\_\_\_\_

Fund Source: \_\_\_\_\_

Scope Description:

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Category:    ☐ Supply    ☐ Service    ☐ Maintenance    ☐ Construction    ☐ IT

Contract Type:    ☐ Firm Fixed Price    ☐ Fixed Price Incentive    ☐ Cost Plus Incentive Fee  
                         ☐ Cost Plus Fixed Fee or Cost Reimbursement    ☐ Other

Was this action a modification to an existing contract?    ☐ Yes    ☐ No

If yes, provide aggregate amount of contract including all modifications: \_\_\_\_\_

Detail any other contracts, including modifications, related to abating or avoiding this emergency:

Date	Vendor	Amount/ Item(s) procured	Date Reported to BPW
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have made this Emergency Determination:**

Procurement Officer \_\_\_\_\_ Date \_\_\_\_\_

**Fund Certification:** I hereby certify that funds are available from the appropriation or account indicated in sufficient amount to pay for this procurement.

Dept./Agency Fiscal Officer \_\_\_\_\_ Date: \_\_\_\_\_

Dept./Agency head approval of above facts and determination:

\_\_\_\_\_ Date: \_\_\_\_\_