



**SECTION #3
EMERGENCY PURCHASES**

NOTE TO DEPARTMENTS: COMPLETE ITEMS MARKED WITH (▶)

▶ REQUISITION #: RQCR1300006 P.O. #: _____ BCC DATE: _____

▶ ACQUISITION DATE (Date Order Is Placed): _____

▶ TITLE:	<u>Emergency Purchase Order for 3 Dental X-Ray Machines</u>
▶ DESCRIPTION:	<u>Sirona Model # 5993394 Orthopho XG 5 X-Ray Equipment</u>
▶ PURPOSE:	<u>To replace the obsolete and inoperable X-Ray equipment.</u>

▶ Department(s):	▶ Allocation(s):
*CR	\$ 85,608.00
*	\$

▶ TERM OF CONTRACT:

One Two Three Four Five Year(s)

_____ Month(s)

Contract Period From _____ to _____

Upon Completion From _____ to _____

Upon Delivery _____ Days A.R.O. (after Receipt of Order)

Special Conditions:

Insurance Type _____

Performance/Payment Bond

Certificate of Competency

Living Wage Applies

SBE Measures:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Set Aside	<input type="checkbox"/> SBE	<input type="checkbox"/> Micro Enterprise	Review Committee Date: _____
	<input type="checkbox"/> Bid Preference	<input type="checkbox"/> SBE	<input type="checkbox"/> Micro Enterprise	Item #: _____	
	<input type="checkbox"/> Goal	<input type="checkbox"/> SBE	<input type="checkbox"/> Micro Enterprise		

▶ Number of Price Quotation(s): Requested: _____ Received: _____

Awarded To Low Bidder: YES NO, If "NO", provide explanation in the Comments section

Vendor: <u>Patterson Dental Supply Inc</u>	Vendor: _____
Vendor: _____	Vendor: _____

Contract Value: \$85,608.00

Did Local Preference affect the outcome of the Award?	<input type="checkbox"/> YES <input type="checkbox"/> NO, if "YES", provide detailed explanation in the "Comments" section
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UAP Included: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> • Will CITT Funds be used? <input type="checkbox"/> YES <input type="checkbox"/> NO • Will Federal Funds be used? <input type="checkbox"/> YES <input type="checkbox"/> NO • If UAP is not included, Attach written approval to waive UAP and provide an explanation in the "Comments" section
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► Justification and Comments:	<u>Miami-Dade Corrections & Rehabilitation Department requests an emergency Purchase Order to purchase 3 Dental X-Ray Sirona 5993394 Orthopho XG5.</u>
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Background/Need to Know:	<u>The Dental X-Ray Equipment installed at our three clinics located at Turner Guilford Knight Correctional Center (TGK), Metro West Detention Center (MWDC), and Pretrial Detention Center (PTDC) are in desperate need of replacement. The equipment at TGK is the only operating unit (20 years old) with in the Department, has surpassed its life span. Repairs have not been conducted on the equipment at MWDC and PTDC since the equipment are obsolete and is not cost effective to repair. Dental services that require X-rays have been conducted at TGK, requiring the movement of inmates from one facility to another. Furthermore, if the equipment fails at TGK it will require the Department to transport inmates to outside entities or providers. Thereby, creating a burden on the department and a risk to public safety.</u>
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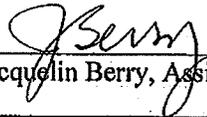
Potential Issues:	<u>Health, safety and security.</u>
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► Signature(s):

Mohammad Hag
Contact Person

03.25.13
Date

786-263-5914
Telephone


Jacquelin Berry, Assistant Director

3/25/13
Date

Department of Procurement Management Use Only

Signatures(s):

_____	_____
Procurement Agent	Date
_____	_____
Procurement Supervisor	Date
_____	_____
Procurement Manager	Date
_____	_____
Division Director	Date
_____	_____
Vendor Assistance Section	Date

Attach: 1. Explanation of the emergency situation. 2. Written price quotation(s) including terms and conditions. 3. Vendor(s) Certificate of Insurance. 4. Copy of invoice(s).

Walters, Vivian (RER)

From: Silva, Rita (ISD)
Sent: Wednesday, March 27, 2013 1:25 PM
To: Walters, Vivian (RER)
Subject: Emergency Contract
Attachments: Emergency Purchase Input Document.pdf

Hi Vivian,

Attached for your records is a request for an emergency contract that is being processed. Please advise if you need anything further.

Rita A. Silva, CPPO
Procurement Contracting Manager
Miami-Dade County Internal Services Department
111 NW 1st Street, Suite 1300, Miami, Florida 33128
(305) 375-1081
www.miamidade.gov/internal

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Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.