DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New contract ☐ OTR ☐ CO ☐ SS ☐ BW ☐ Emergency ☑ Previous Contract/Project No. ☐
Re-Bid ☐ Other ☐ LIVING WAGE APPLIES: YES ☐ NO

Requisition/Project No: ROCR130006
Requisition/Project Title: Dental X-Ray Machines
Description: MDCR inmate dental machines
User Department(s): MDCR
Issuing Department: ☐ Contact Person: Rita Silva Phone: 305-375-1081
Estimated Cost: $85,608 Funding Source: General Fund REVENUE GENERATING:

ANALYSIS
Commodity/Service No: 26096 SIC:

Trade/Commodity/Service Opportunities

Contract/Project History of Previous Purchases For Previous Three (3) Years
Check Here ☐ if this is a New Contract/Purchase with no Previous History

EXISTING 2ND YEAR 3RD YEAR
Contractor:
Small Business Enterprise:
Contract Value:
Comments:
Continued on another page(s): Yes ☐ No ☐

RECOMMENDATIONS

<table>
<thead>
<tr>
<th>SBE</th>
<th>Set-Aside</th>
<th>Sub-Contractor Goal</th>
<th>Bid Preference</th>
<th>Selection Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

Basis of Recommendation:

Signed: Rita Silva Date to SBD: 10/27/13
Date Returned to DPM:
**SECTION #3**
**EMERGENCY PURCHASES**

**NOTE TO DEPARTMENTS: COMPLETE ITEMS MARKED WITH (►)***

► **REQUISITION #:** RGCR1300006  ► **P.O. #:** —  ► **BCC DATE:** —

► **ACQUISITION DATE (Date Order Is Placed):** —

| ► **TITLE:** | Emergency Purchase Order for 3 Dental X-Ray Machines |
| ► **DESCRIPTION:** | Sirona Model # 5993394 Ortho XG 5 X-Ray Equipment |
| ► **PURPOSE:** | To replace the obsolete and inoperable X-Ray equipment. |

| ► **Department(s):** | ► **Allocation(s):** |
| — | $85,608.00 |
| — | — |

► **TERM OF CONTRACT:**
- One [x]  Two [ ]  Three [ ]  Four [ ]  Five [ ] Year(s)
- Month(s)
- Contract Period From — to —
- Upon Completion [x] 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:** | ► **Micro Enterprise** |
| — | — |
| — | — |
| — | — |
| — | — |

**Review Committee Date:** —  ► **Item #:** —

► **Number of Price Quotation(s): Requested:** —  ► **Received:** —

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

| Vendor: **Patterson Dental Supply Inc** |
| — |
| Vendor: — |
| Vendor: — |

**Contract Value:** $85,608.00

**Did Local Preference affect the outcome of the Award?**
- ☑ YES ☐ NO  If "YES", provide detailed explanation in the "Comments" section

**UAP Included:**
- ☑ YES ☐ NO  • Will CITT Funds be used? ☑ YES ☐ NO
  • Will Federal Funds be used? ☑ YES ☐ NO
- If UAP is not included, Attach written approval to waive UAP and provide an explanation in the "Comments" section

Section #3 Emergency Purchases 1-27-05

1 of 2
# SECTIONS

## EMERGENCY PURCHASES

<table>
<thead>
<tr>
<th>Justification and Comments:</th>
<th>Miami-Dade Corrections &amp; Rehabilitation Department requests an emergency Purchase Order to purchase 3 Dental X-Ray Sirona 5983394 Orthopho XG5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background/Need to Know:</td>
<td>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.</td>
</tr>
<tr>
<td>Potential Issues:</td>
<td>Health, safety and security.</td>
</tr>
</tbody>
</table>

**Signature(s):**

Mohammad Haq  
Contact Person  
786-263-5914  
Telephone  

Jacquelin Berry, Assistant Director  
3/25/13  
Date

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Department of Procurement Management Use Only

**Signatures(s):**

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Procurement Agent  
Date

Procurement Supervisor  
Date

Procurement Manager  
Date

Division Director  
Date

Vendor Assistance Section  
Date

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**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).
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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