EM 06-14



STATE PROCUREMENT OFFICE EMERGENCY PROCUREMENT REQUEST

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1. TO: Head of Purchasing Agency	
2.FROM: Joe Evanoff, Director of Materials Managem	ent
Department/Division/Agency Procurant to \$103D-307 HRS and Subchanter 10. Charge	ter 3-122, HAR, the Department requests approval for the following:
3. Date 9/7/06	4. After the fact YES Z NO
5. Nature of the Emergency	
This request is for approval to execute Supplemental Agreement #8 extending contract performance and cost from September This request is for approval to execute Supplemental Agreement #8 extending contract performance and cost from September 30, 2006 thru December 31, 2006. Extension of the contract will allow HHSC Hospitals to continue to use Airgas Gaspro (Gaspro) for mission essential services while HHSC finalizes the Medical Gas Supply & Services RFP and vendor selection. Allowing the contract to expire would leave HHSC Hospitals without medical gases, which would endanger the lives of the patients.	
6. Vendor: Airgas Gaspro Address: PO Box 30707, Honolulu, Hawaii 96820	7. Price: \$159,000
e. Description of goods, services, or construction to be purchased	
Delivery of medical oxygen, medical nitrous oxide and other services.	
a. Reason for Vendor Selection	
Gaspro has been the contracted distributor since 1998 to supply HHSC Hospitals with their existing medical gas and service requirements, which Gaspro has held prices firm since the contract was originated. Based upon Gaspro having the equipment and knowledge of HHSC Hospitals, it is not in the best interest of the State or community to allow the current contract with Gaspro to expire while the Medical Gas Supply & Services RFP is finalized.	
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10. Direct questions to: Joe Evanoff	Phone: 808-884-5722
11. I certify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct. Selectify that the information provided above is to the best of my knowledge, true and correct.	
12. Head of Purchasing Agency comments:	
APPROVED DISAPPROVED _	Head of Purchasing Agency Date
	14. E.P.No