

Santa Fe County / Purchasing Division

142 W. Palace Ave.
Santa Fe, NM 87501
(505) 986-6354

REQUEST FOR DECLARATION OF EMERGENCY PROCUREMENT

To facilitate the process and obtain a complete request for emergency assistance, please provide the following: **completed form and detailed memo of justification to: Bill Taylor, Procurement Manager, SFC, (505) 986-6373, or mail original to above address, or e-mail to wtaylor@santafecounty.org**

Submittal of DOE request does not constitute an emergency situation. Request will be reviewed and verified by the Procurement Manager, if possible, and determination made on options, which best suits your needs.

Date of Request July 9, 2014

Person Making Request & Title Mark Lujan, Risk Manager

Department & Agency Administrative Services Department/Risk Management

Ph. (505) 984-9884 Cell (505) Fax (505) 992-9885

Building Name Youth Development Facility (Employee Offices)

Physical Address 4250 Airport Road

City & Zip Code Santa Fe, New Mexico 87507

Other Tenant(s) in Building County Employees

Information surrounding the emergency situation (include the following: **describe the problem in detail**; indicate times, dates and extent of damages; has any action been taken? any other information which will help determine this request qualifies as an emergency)

At approximately 1:00 pm I was called out to an emergency situation by Phillip Montano in regards to a flood at the Youth Development Facility due to heavy rain. Paul Davis was called out for an immediate remediation of the water damage to prevent further damage to the building. I am requesting a Purchase Order be processed to the contractor to proceed with the job at hand.

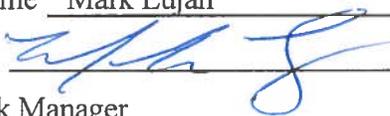
DOE Request Continued

Note:

Emergency declaration from SFC-Procurement Division requires meeting criteria for emergency accordance of New Mexico State Statute (Sections 13-1-127 and 13-1-128 NMSA 1978). Prior to SFC- Purchasing Division authorization of funds for any emergency, the department must certify to SFC-Purchasing availability of funds to cover the emergency services. Please have your authorized person verify the following and sign with attached requisition and back-up.

(√ one)

1. the department will pay for the entire cost of the emergency
2. the department can participate with \$ _____
3. the department does not have any funds to cover the cost of the emergency
4. other arrangements (specify) _____

Printed Name Mark Lujan
Signature  Date 7/9/14
Title Risk Manager Cell (505) Ph. (505) 984-9884

(Include additional sheets, other substantiating documents or pictures related to your request- include requisition and justification memo)