



Emergency Justification Form

Organizational Information

State Entity Name:

State Entity Code (5-Digit Code):

Today's Date: (mm-dd-yy)

APO/CUPO Information

State Entity Business Owner

Name:

Name:

Department/Unit:

Department/Unit:

Email Address:

Email Address:

Telephone: - -

Telephone: - -

Emergency Details

Date of Incident(s): (mm-dd-yy) Note: if a specific date is not known or not applicable, please provide as much information as possible in the section that follows.

Anticipated End Date: (mm-dd-yy)

Detailed explanation of emergency:

Purchase Details

Classification of Purchase (choose one):

☐ Immediate Action Emergency Purchase ☐ Prompt Action Emergency Purchase

Explain the circumstances which require that the purchase be made outside of normal procurement procedures and the reason(s) for the classification of purchase:

Describe how the supplier was selected. Include number of suppliers solicited and quotes obtained, if applicable:

If the purchase is classified as a Prompt Action Emergency Purchase, identify any efforts taken to solicit additional quotes:

Identification of Possible Conflicts of Interest

Prompt Action Emergency Purchase: If an emergency purchase requires prompt but not immediate action, the APO/CUPO should make reasonable efforts to identify possible conflicts of interest *prior to* the emergency purchase. The APO/CUPO may satisfy this requirement by contacting the State Entity's Ethics Officer and confirming no business relationship or other possible conflict of interest has been reported by a staff member of the State Entity with respect

Emergency Justification Form (cont.)

to the supplier selected for the emergency purchase. If no efforts were made to identify possible conflicts of interest prior to the emergency purchase, the APO/CUPO should document the circumstances for not doing so below:

Contract Details

Supplier Name:

Supplier FEI Number:

Supplier ID (if applicable):

☐ **One-Time Purchase** ☐ **Repetitive Purchase**

☐ **Fixed State Entity Contract** ☐ **"Open" State Entity Contract**

Estimated Total Amount:

Contract Duration:

Detailed Description of Goods and/or Services Required, including whether receipt of funding requires purchase of particular goods or services:

Indicate Final Method and Date(s) of Emergency Purchase(s):

☐ **Purchase Order** **PO Number(s):** **Date:** (mm-dd-yy)

☐ **P-Card Transaction** **Transaction Date(s):** (mm-dd-yy)

Cardholder Name:

Funding Source(s): ☐ **State Funds** ☐ **Federal Funds** ☐ **Other**

Additional notes regarding contract:

Conflict of Interest Compliance

By submitting this form, the APO/CUPO and State Entity Business Owner represent that he/she has no personal interest in the purchase and that he/she has read and understands Executive Order 04.01.21.57 and the Governor's Code of Ethics.

The APO/CUPO and State Entity Business Owner further represent that any previous personal material transaction with, or relationship to, the supplier has been disclosed to the State Entity's Ethics Officer and that any material transaction or relationship subsequently discovered will be immediately reported to the State Entity's Ethics Officer for appropriate action which may include cancellation of the emergency purchase identified herein.

State Entity Business Owner (same person identified on pg. 1)

Name:

Emergency Justification Form (cont.)

Email Address:	
Signature:	Date: (mm-dd-yy)

Chief Financial Officer Approval (or designee approved by SPD)	
Any emergency purchase must be reviewed and approved by the State Entity's Chief Financial Officer (CFO). By signing below, the CFO acknowledges he/she has reviewed and approved the emergency purchase identified herein and the documented justification. The CFO also acknowledges that he/she has read the Conflict-of-Interest Acknowledgement.	
Name:	
Email Address:	
Signature:	Date: (mm-dd-yy)

Submission Details
This form and all supporting documentation pertaining to the purchase should be attached to the PO header in Team Georgia Marketplace™/Georgia First Financials. For State Entities not using TGM/GeorgiaFirst systems, this form and supporting documentation must be submitted to process.improvement@doas.ga.gov within ten (10) calendar days of the emergency purchase or such other time approved in writing by SPD.

NOTE:

Please reference the DOAS Human Resources Administration website for a copy of the Governor's Code of Ethics and the model Conflict of Interest Disclosure form:
<https://doas.ga.gov/human-resources-administration/governor%E2%80%99s-code-of-ethics>.

Please reference the [Georgia Procurement Manual](#), Section 1.3.5. Emergency Purchases for more information. Emergency purchases are subject to review by SPD and any evidence of fraud, waste, abuse, or other improper activity may be referred to the Office of Inspector General or other appropriate entity. State Entities are also reminded that violations of Georgia law may subject the responsible individual to criminal consequences.