

# SOURCE JUSTIFICATION FORM

Bureau of Procurement

The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant documentation to DGS. If a question is neither mandatory nor applicable, please indicate "N/A". Please use standard terminology and define acronyms.

## SECTION A

|   |   |                               |                    |
|---|---|-------------------------------|--------------------|
| <b>1. Agency Name:</b>  | Game Commission   |                               |                    |
| <b>2. Procurement Description:</b><br>This description will appear on the eMarketplace website for public viewing | SCRO Cameras and Key Swipes   |                               |                    |
| <b>Materials Description:</b>   |   |                               |                    |
| <b>Services Description:</b>  | Installation of Southcentral Regional Office Cameras and Key Swipes |                               |                    |
| <b>3. Materials Shopping Cart # or Services SPR#</b>  | yes   | <b>Estimated Cost:</b>        | \$100,001 - \$250K |
|   |   | <b>Initial Contract Term:</b> | 1 year             |
|   |   | <b>Renewals:</b>              | 0                  |
| <b>4. Supplier - Name:</b>  | Johnson Controls Security Solutions                                 |                               |                    |
| Full Address:   | 283 Gibraltar Rd, Horsham PA 19044                                  |                               |                    |
| Contact Name:   | Kevin Kirkland  |                               |                    |
| Telephone:  | 610-630-6790  | <b>FAX:</b>                   |                    |
| E-mail:   | bmercer@pa.gov  |                               |                    |
| SRM Supplier #:   | 168689  |                               |                    |
| <b>5. Delivery or service location:</b>   | Huntingdon PA   |                               |                    |

## SECTION B

|   |
|---|
| <input type="checkbox"/> <b>1. Sole Source:</b> Only known source - Not available from another supplier.  |
| <input checked="" type="checkbox"/> <b>2. Material/Repair/Maintenance:</b> Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.  |
| <input type="checkbox"/> <b>3. Used Equipment:</b> Value set by 2 independent 3rd party appraisals.   |
| <input type="checkbox"/> <b>4. Professional Expert:</b> Describe in detail in Section C.  |
| <input type="checkbox"/> <b>5. Exempt (Law):</b> A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached. |
| <input checked="" type="checkbox"/> <b>6. Feasibility:</b> Clearly not feasible to award the contract on a competitive basis.   |

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## SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

Please see attached file.

2. Document and attach the research that has been conducted to date to verify the supplier is the only known source.

Vendor has installed this system in other buildings for the PGC and we need to be compatible. The proposed work would expand on the existing security proprietary platform. Other bidders/manufacturers would not be compatible and would force a complete replacement of the existing system which is not feasible or financially benefitting.

3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.

No

4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.

There is not a warranty or service agreement as part of this contract/work, however, all service of proprietary products would have to be completed by a certified Johnson Control technician.

5. How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.

From Johnson's control on a PO.

6. If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?

NA

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

This is a new installation but must be compatible with existing system in other PGC buildings. This is an addition to an existing proprietary security platform (see attached PDF).

8. What are the consequences of not approving this procurement?

There will be no security or surveillance for the regional office outside of normal business hours.

9. If timing is a factor, what is the time factor and why?

Yes, building will be completed by March 10 and normal PGC operations will commence shortly afterwards

10. List any other information relevant to the acquisition of this procurement here or as an attachment.

Johnson Controls has already completed some work for the PGC and if would not be cost effective to start with a new vendor.

11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

Yes

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## SECTION D

**IMPORTANT\*:** The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section of the form.

### Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):

|               |                      |                   |     |              |          |
|---------------|----------------------|-------------------|-----|--------------|----------|
| <b>Name:</b>  | Austin Kieffer       | <b>P-Group:</b>   | 270 | <b>Date:</b> | 02-16-23 |
| <b>Title:</b> | Chief of Engineering | <b>Telephone:</b> |     | <b>Fax:</b>  |          |

### Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.

|                   |              |               |                        |               |                |
|-------------------|--------------|---------------|------------------------|---------------|----------------|
| <b>Name:</b>      | Bobbi Mercer | <b>Title:</b> | Procurement Specialist | <b>Date:</b>  | 02-16-23       |
| <b>Telephone:</b> |              | <b>Fax:</b>   |                        | <b>Email:</b> | bmercer@pa.gov |

### Approving Authority (Agency Head or Deputy reviewing and approving this request): Approving Authority connotes approval of the source justification and the cost or pricing data certification.

|                   |               |               |                |              |          |
|-------------------|---------------|---------------|----------------|--------------|----------|
| <b>Name:</b>      | Daniel Dunlap | <b>Title:</b> | Admin Director | <b>Date:</b> | 02-17-23 |
| <b>Telephone:</b> |               | <b>Fax:</b>   |                |              |          |

### Additional Approvals (if required by Agency):

|                   |  |               |  |               |  |
|-------------------|--|---------------|--|---------------|--|
| <b>Name:</b>      |  | <b>Title:</b> |  | <b>Date:</b>  |  |
| <b>Telephone:</b> |  | <b>Fax:</b>   |  | <b>Email:</b> |  |
| <b>Name:</b>      |  | <b>Title:</b> |  | <b>Date:</b>  |  |
| <b>Telephone:</b> |  | <b>Fax:</b>   |  | <b>Email:</b> |  |
| <b>Name:</b>      |  | <b>Title:</b> |  | <b>Date:</b>  |  |
| <b>Telephone:</b> |  | <b>Fax:</b>   |  | <b>Email:</b> |  |
| <b>Name:</b>      |  | <b>Title:</b> |  | <b>Date:</b>  |  |
| <b>Telephone:</b> |  | <b>Fax:</b>   |  | <b>Email:</b> |  |
| <b>Name:</b>      |  | <b>Title:</b> |  | <b>Date:</b>  |  |
| <b>Telephone:</b> |  | <b>Fax:</b>   |  | <b>Email:</b> |  |