

# 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> This description will appear on the eMarketplace website for public viewing	On-Site Rabies Vaccinations and Titer Testing for the 32nd SGW Cadet Class		
Materials Description:			
Services Description:			
<b>3. Materials Shopping Cart # or Services SPR#</b>	12476219	<b>Estimated Cost:</b>	\$10,001 - \$50K
		<b>Initial Contract Term:</b>	Fiscal Year 2020
		<b>Renewals:</b>	2
<b>4. Supplier - Name:</b>	UPMC Pinnacle Hospitals		
Full Address:	PO Box 8700		
Contact Name:	Maureen Zimmerman		
Telephone:	717-231-8173	FAX:	
E-mail:	zimmermanmd@upmc.edu		
SRM Supplier #:	156079		
<b>5. Delivery or service location:</b>	PA Game Commission, 2001 Elmerton Ave, Harrisburg,		

## SECTION B

<input checked="" type="checkbox"/> <b>1. Sole Source:</b> Only known source - Not available from another supplier.
<input 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 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").

This is the only provider who was able to provide the services onsite.

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

Contacted Geisinger Holy Spirit and they are unable to provide the services onsite.  
Contacted Passport Health and they are unable to provide the services onsite during COVID-19.

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

n/a

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

n/a

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.

30th Cadet Class - PO 4300406536  
31st Cadet Class - PO 4300609377

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?

n/a

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

n/a

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

It saves time for UMPC Pinnacle to provide this services at the time that our cadets are in residency. It ensures that they are vaccinated before working with wild animals and being possibly exposed. This saves the cadets from having to find a doctor that can work with the training schedule to have the vaccine administered. The vaccine needs to be administered at specific intervals of 0 days, 7 days and 21 days.

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

The cadets need to be vaccinated prior to field training that begins at the end of beginning of October. This is when they are most likely going to come into contact with wild animals and the possibility of a rabid animal.

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

No other vendors are willing to currently travel to the PA Game Commission Headquarters.

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

n/a

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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.

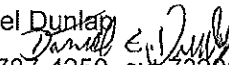
**Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):**

<b>Name:</b>	Jacqueline Hoch	<b>P-Group:</b>	GC Game Central Purchasing Grou	<b>Date:</b>	08-20-20
<b>Title:</b>	Clerk Typist 3	<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>	Chief, Contracts & Procurement	<b>Date:</b>	08-20-20
<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>	Bureau Director, Administrative Bureau	<b>Date:</b>	8/21/20
<b>Telephone:</b>	717-787-4250, ext 73200	<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>	
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