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**

1. Agency Name: Game Commission

2. Procurement Description:
   This description will appear on the eMarketplace website for public viewing
   Contractor will facilitate, plan, and report to the PGC on the Conservation Heritage Museum

3. Materials Shopping Cart # or Services SPR#
   5000
   Estimated Cost: $5K - $10K
   Initial Contract Term: 1 year
   Renewals: 1

4. Supplier - Name:
   Cheryl Trewella
   Full Address: 485 Five Points Road Alburtis, PA 18011
   Telephone: 610-217-1403
   E-mail: trewellac@gmail.com
   FAX: 522252
   SRM Supplier #: 522252

5. Delivery or service location:
   Middle Creek Visitor Center

**SECTION B**

- **1. Sole Source**: Only known source - Not available from another supplier.
- **2. Material/Repair/Maintenance**: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
- **3. Used Equipment**: Value set by 2 independent 3rd party appraisals.
- **4. Professional Expert**: Describe in detail in Section C.
- **5. Exempt (Law)**: 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.
- **6. Feasibility**: Clearly not feasible to award the contract on a competitive basis.
### SECTION C

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

   Provide expertise and was involved in the RFP process, including the technical submittal, writing of the statement of work, along with negotiating the final contract with the awarded vendor. Contractor will be responsible of helping to develop, facilitate, implement, and report.

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

   Cheryl has been involved since the beginning of this project. Cheryl is retired from the PGC and has the most knowledge of this Middle Creek Center's project.

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

   NA

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

   Yes, Cheryl has been involved since the beginning of this project.

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.

   Paid previous services with non po invoice, but we hit the threshold because the project is taking longer than expected.

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.

   NA

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

   This project is almost finished and the PGC needs Cheryl's knowledge of this project to complete finishing on time.

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

   Yes, this needs to be completed by the end of fiscal year

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

   NA

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

   NA
**SECTION D**

**IMPORTANT**: The printed names on this form shall constitute the signatures of these individuals. Agencies must ensure 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):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>P-Group</th>
<th>Date</th>
<th>Telephone</th>
<th>Fax</th>
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</thead>
<tbody>
<tr>
<td>Carol Klein</td>
<td>Procurement</td>
<td>270</td>
<td>02-11-22</td>
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</tbody>
</table>

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

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<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Bobbi Mercer</td>
<td>Contracts and procurement</td>
<td>02-11-22</td>
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**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.

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<th>Name</th>
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<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
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<tbody>
<tr>
<td>Daniel Dunlap</td>
<td>Admin Bureau Director</td>
<td>2-11-22</td>
<td></td>
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<td><a href="mailto:bmercer@pa.gov">bmercer@pa.gov</a></td>
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</table>

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

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