

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

1. Agency Name:	Game Commission		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Game Warden Cadet Testing Program - medical screening, stress test and swimming test		
Materials Description:			
Services Description:	Game Warden Cadet Testing Program - Work & Medical history (comprehensive) Audiometric Exam		
3. Materials Shopping Cart # or Services SPR#	Estimated Cost:	\$10,001 - \$50K	
	Initial Contract Term:	June 2020 through Janu	
	Renewals:	3 yrs	
4. Supplier - Name:	Examinetics Inc		
Full Address:	1639 Arran Way		
Contact Name:	Steve Gay		
Telephone:	913-748-2055	FAX:	
E-mail:	stephen.gay@examinetics.com		
SRM Supplier #:	197369		
5. Delivery or service location:	Harrisburg PA 17110		

SECTION B

<input checked="" type="checkbox"/> 1. Sole Source: Only known source - Not available from another supplier.
<input type="checkbox"/> 2. Material/Repair/Maintenance: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/> 3. Used Equipment: Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/> 4. Professional Expert: Describe in detail in Section C.
<input type="checkbox"/> 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.
<input type="checkbox"/> 6. Feasibility: 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").

Medical, stress and swimming test services need conducted for approximately 45 candidates at a single location for two consecutive days of testing.

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

This company has a mobile medical unit and can travel to any location to set up and perform services.

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.

When bid in the past this is the only company who can handle this testing services

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.

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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?

The PGC will have to enroll a class of officers in the spring to fill enforcement positions throughout the state.

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

Yes, Officers are needed to fill vacancies and make arrangements for living at the training school for one year.

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

Examintetics is the only known vendor that meets the strict specifications needed to place our next class.

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

NA

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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):

Name:	Ashley Boylan	P-Group:	Game	Date:	01-27-20
Title:	HR	Telephone:		Fax:	

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

Name:	Bobbi Mercer	Title:	Procurement	Date:	01-27-20
Telephone:		Fax:		Email:	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.

Name:		Title:		Date:	
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	