

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	Fesco Model Wheeled Modular Harrow		
Materials Description:	Fesco Model Wheeled Modular Harrow 26" x 5/16" disc, 11" disc spacing		
Services Description:			
3. Materials Shopping Cart # or Services SPR#	Estimated Cost:	\$10,001 - \$50K	
	Initial Contract Term:	upon receipt of purchase	
	Renewals:	n/a	
4. Supplier - Name:	FESCO Mathis Plow Company		
Full Address:	PO Box 308, Hastings, FL 32145		
Contact Name:	Michael Roberts		
Telephone:	904-692-1326	FAX:	904-692-2199
E-mail:	michael@oliverdahlman.com		
SRM Supplier #:	539526		
5. Delivery or service location:	PA Game Commission, 4728 Quehanna Hwy, Karthaus, P		

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").

Oliver & Dahlman Equipment Co., Inc is the manufacturer and the sole source provider for all fireline plows, forestry equipment and parts sold under the name(s) Mathis Plow Company, Sieco and FESCO®. This includes all of the following Lift Plow Models: RM-50, RM-90, RM-100, RM-500, RM-750, RM-900H, RM-1000H, RM-1250H, RM-1400H, RM-1500H and RM-4000H. Wheel Plow Models: P-32H, P-32 SA, P-34H, P-34 SA, P-3H JR, P-3 SA, and P-36H. Forestry Harrow Models: FMD SERIES, L-6, L-12, lift and wheeled fireline rework harrows.

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

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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.

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.

n/a

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?

This is the only manufacturer who make the needed disc; without approval slated projects will go undone.

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

Needed by spring 2020 planting season

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

n/a

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

Quoted price \$18,695.00

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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:	P-Group:	Date:
Title:	Telephone:	Fax:

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

Name:	Vanessa Nichols	Title:	CS2	Date:	10-01-19
Telephone:		Fax:		Email:	vnichols@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:	<i>Daniel E. Dunleavy</i>	Title:	Director, Admin.	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: