

# 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	Engine repairs for Marsh Master machine		
<b>Materials Description:</b>			
<b>Services Description:</b>	Engine repairs to Northwest Region's Marsh Master machine		
<b>3. Materials Shopping Cart # or Services SPR#</b>	n/a	<b>Estimated Cost:</b>	\$10,001 - \$50K
		<b>Initial Contract Term:</b>	repair estimate
		<b>Renewals:</b>	n/a
<b>4. Supplier - Name:</b>	Fallsway Equipment Company		
Full Address:	1277 DeValera Ave, Akron Ohio 44310		
Contact Name:	Seth Wheeler		
Telephone:	330-633-6006	<b>FAX:</b>	
E-mail:	swheeler@fallsway.com		
SRM Supplier #:	n/a		
<b>5. Delivery or service location:</b>	1277 DeValera Ave, Akron Ohio 44310		

## 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 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").

The Marsh Master machine is a unique machine that requires specialized training to service. This machine was a sole source purchase and is the only machine of its kind in the state. The needed repairs are specific to this type of specialized machine.

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

The Marsh Master machine manufacturer referred agency to this repair facility to have work completed

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.

Yes, the needed repairs for this machine cannot be completed by most technicians.

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.

No, we have not needed these types of repairs.

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?

repair estimate received totals \$26,947.68

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

No - request for needed repairs

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

The machine was purchased for approximately \$275,000. Without these repairs, the machine is rendered unusable.

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

Repairs need to be completed in order to return the machine to service.

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

Please see the attached repair estimate

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>	Matthew Croup	<b>P-Group:</b>	Game Commission	<b>Date:</b>	07-12-23
<b>Title:</b>	Clerical Supervisor	<b>Telephone:</b>		<b>Fax:</b>	

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

<b>Name:</b>	Carol Klein	<b>Title:</b>	Purchasing Agent Supervisor	<b>Date:</b>	07-12-23
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	caklein@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>	Dan Dunlap	<b>Title:</b>	Admin Director	<b>Date:</b>	07-13-23
<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>	
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