

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	Loyalsock Game Farm and Southwest Game Farm Wood pine shavings		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	Estimated Cost:	\$10,001 - \$50K	
	Initial Contract Term:	1 Year	
	Renewals:	4 Years	
4. Supplier - Name:	Agri-Products, Inc.		
Full Address:	3015 North Shannon Lakes Drive Unit 306 Tallahassee FL 323177		
Contact Name:	Chris Molton		
Telephone:	863-899-0684	FAX:	
E-mail:	cmolton@suncoastbedding.com		
SRM Supplier #:	532505		
5. Delivery or service location:	136 Game Farm Road Montoursville Pa 17754 and 217		

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").

Standard Operation Procedures state Bio Secure measures and we have unintentionally been buying shavings that didn't meet the standards and it was never in our specifications. Until recent, it was brought to our attention that the only guaranteed vendor to supply bio secure shavings is SunCoast.

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

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

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

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.

BID # 6100049646 was rejected - not manufacturer and not bio secured
PO #4300604428 - is not bio secure

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?

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

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

Not getting a bio secure bedding needed to raise Pheasants in accordance with our NPIP bio security plan (NPIP, USDA-APHIS-VS National Poultry Improvement Plan). Sun Cost is the only company in the nation that can guarantee this.

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

Need them by March 31st to get ready for Pheasants chicks.

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

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

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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:	Joan Dehart	P-Group:		Date:	01-08-20
Title:	Clerical Supervisor	Telephone:		Fax:	

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

Name:	Bradley Stine	Title:	Superintendent	Date:	01-08-20
Telephone:		Fax:		Email:	brstine@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:	Daniel E. Jankoff 1/14/20	Title:	Bureau of Admin Director	Date:	1/14/2020
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:	