

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	Truck decals for 18 Chevy Silverados and Deputy vehicles		
Materials Description:			
Services Description:	Decals for Law Enforcement Vehicles		
3. Materials Shopping Cart # or Services SPR#	Estimated Cost:	\$10,001 - \$50K	
	Initial Contract Term:	1 year	
	Renewals:	4	
4. Supplier - Name:	360 Creative, LLC		
Full Address:	200 N. Railroad St., Hummelstown, PA 17036		
Contact Name:	Paul Landis		
Telephone:	717-583-0060	FAX:	
E-mail:	paul@exhibitsgraphicsinteriors.com		
SRM Supplier #:			
5. Delivery or service location:	200 N. Railroad St., Hummelstown, PA 17036		

SECTION B

<input checked="" type="checkbox"/> 1. Sole Source: Only known source - Not available from another supplier.
<input checked="" 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").

This vendor developed the artwork and customized color mix approved by the agency. We have been using this artwork and specific color for our vehicles for several years and do not want to change the artwork or the color.

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

Vendor has all PGC artwork and completed work in the past.

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, colors and artwork must match existing vehicles

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.

In the past this vendor completed a competitive bid process and was awarded PO#4300574802.

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?

We will have to re-design our vehicle graphics and attempt to find a color that is similar to what we currently have.

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

Previous Purchase Order has expired and our current vehicle order is starting to arrive.

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

Also included are 250 magnetic vehicle decals that were custom created by the requested vendor. PGC checked with DGC and they can't provide this service.

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:	Tina Levan	P-Group:		Date:	08-19-20
Title:	Clerk Typist 3	Telephone:		Fax:	

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

Name:	Travis Pugh	Title:	Enforcement Division Chief	Date:	08-19-20
Telephone:		Fax:		Email:	tpugh@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>David J. [Signature]</i>	Title:	<i>Admin Bureau Director</i>	Date:	<i>8/21/20</i>
Telephone:	<i>717-787-4250 x13200</i>	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:	