

# SOURCE JUSTIFICATION FORM

Bureau of Procurement

## SECTION C

**1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").**

This style trap is not produced commercially, and is available only through custom fabrication. Several aspects of fabrication are critical to proper function and animal and employee safety. The PA Game Commission does not have a blueprint with fabrication specifications that can be presented to prospective vendors. This vendor has developed a proprietary CAD blueprint for trap fabrication, and has demonstrated that traps produced from this blueprint meet all required specifications. Sole-source purchase of 8 traps & 2 stacking saddles from this vendor is beneficial to the Commonwealth because the vendor already possesses the blueprint, and has demonstrated that traps built from this blueprint meet all required specifications that provide for animal and employee safety and efficiency of use. The vendor is able to meet the required delivery date using these specifications, and the quoted price is lower than previous trap purchases. Using other vendors would require the Commonwealth to develop it's own set of fabrication blueprints, diverting staff resources and delaying production. These traps will be used for the fawn survival/predatory study, as mandated by our Board of Commissioners. These are barrel-style bear traps used to capture free-ranging black bears for research. This style reduces risk involving injury and loss of life to humans.

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

This vendor holds the only blueprints and has propriety ownership of the specifications to fabricate and build the needed traps. (See additional information listed above.)

**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.**

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.**

Yes. Sole Source PO4300450594 was done for these 3/13/15.

**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

# SOURCE JUSTIFICATION FORM

Bureau of Procurement

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

The study which was mandated by our Executive Office and Board of Directors would not be able to be carried out without the proper equipment to trap our PA Black Bears.

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

The bear traps need to be made and ready for delivery as soon as possible in order to trap the bears for the proper timing of the research projects. Also to conduct this type of research involving our wild population of bears with the timing of the birth of our deer fawns.

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

Upon approval of this purchase order, the manufacturer and fabricator can begin building the required bear traps & saddles.

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

The vendor quoted a price of \$2,325.00/each for 8 traps (\$18,600.00 total). Also for 2 sets of stacking saddles \$690.00/set( \$1,380.00 total). Total purchase \$19,980.00

# SOURCE JUSTIFICATION FORM

Bureau of Procurement

## 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:	Clerical Supervisor 2	Date:	08-08-19
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. Jankoff</i>	Title:	DIRECTOR	Date:	8/14, 19
Telephone:	717-787-4250 EXT 73200	Fax:	717-705-8653		

### 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: