Department of General Services

SOURCE JUSTIFICATION FORM

Bureau of Procurement

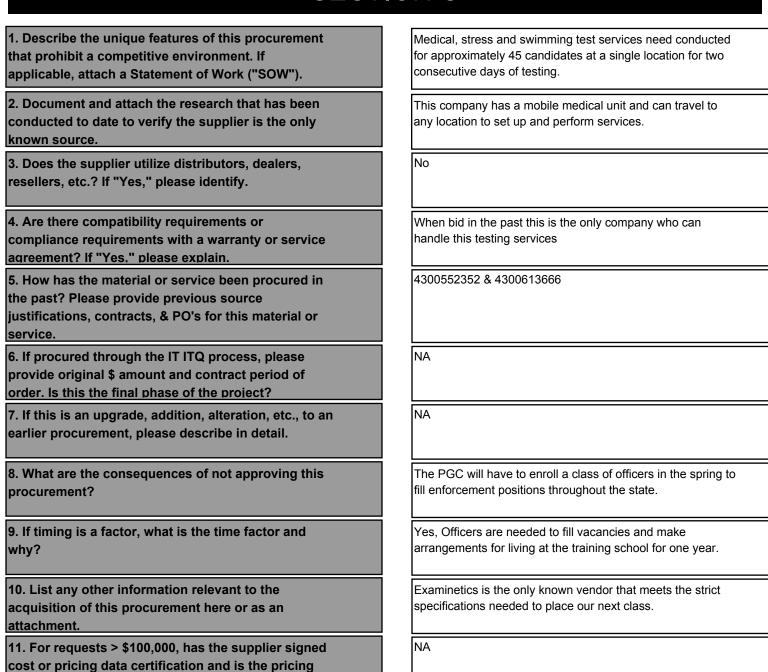
The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant 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						
Procurement Description: This description will appear on the eMarketplace website for public viewing	Game Warden Cadet Testing Program - medical screening, stress test and swimming test						
Materials Description:							
Services Description:	Game Warden Cadet Testing Program - Work & Medical history (comprehensive) Audiometric Exam						
3. Materials Shopping Cart # or Services SPR#		Estimated Cost: Initial Contract Term: Renewals:	\$10,001 - \$50K June 2020 through Janu 3 yrs				
4. Supplier - Name:	Examinetics Inc						
Full Address:	1639 Arran Way						
Contact Name:	Steve Gay						
Telephone:	913-748-2055	FAX:					
E-mail:	stephen.gay@examinetics.com						
SRM Supplier #:	197369						
5. Delivery or service location:	Harrisburg PA 17110						
SECTION B							
✓ 1. Sole Source: Only known source -	Not available from another supp	olier.					
2. <i>Material/Repair/Maintenance</i> : Memust be provided from the manufacturer.	aterial or service MUST be com	patible with existing equipment. I	Occumentation				
☐ 3. <i>Used Equipment</i> : Value set by 2 i	independent 3rd party appraisals.						
4. <i>Professional Expert</i> : Describe in detail in Section C.							
5. Exempt (<i>Law</i>): 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.							
6. Feasibility: Clearly not feasible to award the contract on a competitive basis.							

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SECTION C



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:	Ashley Boylan	P-Group:	Game	Date:	01-27-20		
Title:	HR	Telephone:		Fax:			
Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.							
Name:	Bobbi Mercer	Title:	Procurement	Date:	01-27-20		
Telephone:		Fax:		Email:	bmercer@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: Telephone:		Title: Fax:		Date:			
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:			
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Telephone:		Fax:		Email:			
Name:		Title:		Date:			
Telephone:		Fax:		Email:			