

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	Utility (vendor)is providing communication hardware to be used by our Officer's to allow them access to their computers while on patrol.		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	12529902	Estimated Cost:	\$50,001 - \$100K
		Initial Contract Term:	5 years
		Renewals:	
4. Supplier - Name:	Utility Associates		
Full Address:	250 E Ponce De Leon Avenue, Ste. 700, Decatur, GA 30030		
Contact Name:	Alejandro Santiago		
Telephone:	800-597-4707	FAX:	
E-mail:	asantiago@utility.com		
SRM Supplier #:	384278		
5. Delivery or service location:	PA Game Commission, 2001 Elmerton Avenue, Harrisburg 17110		

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").

Vendor owned software, not available by any other vendors.

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

N/A

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

No

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

The Agency fleet uses Utilities Rockets to provide communication for dispatch to the vehicles. The Rockets use a proprietary software to provide vehicle location to agency dispatch centers.

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.

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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

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

This maintenance software is crucial to the safety of our Officer's. Without the location device our officers are at risk since the majority of encounters are with individuals that possess weapons.

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

It needs approval prior to June 1, 2021, since this is an annual renewal.

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

This software maintenance insures the safety of our officer's by tracking their locations at all time, which are monitored by dispatch.

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):

Name:	Teri McAlister	P-Group:	705323	Date:	03-11-2021
Title:	Administrative Assistant	Telephone:		Fax:	

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

Name:	Susan Young	Title:	PC Support	Date:	03-11-2021
Telephone:		Fax:		Email:	suyoung@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 Dunlap <i>Daniel Dunlap</i>	Title:	Director, Administration Division	Date:	03-11-2021
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:	