

# 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

<b>1. Agency Name:</b>	Department of Revenue		
<b>2. Procurement Description:</b> This description will appear on the eMarketplace website for public viewing	Central Control Computer System for slot machines in Pennsylvania required by 4 Pa. C.S. § 1323(a).		
<b>Materials Description:</b>			
<b>Services Description:</b>			
<b>3. Materials Shopping Cart # or Services SPR#</b>	N/A	<b>Estimated Cost:</b>	\$1,000,001 - \$5M
		<b>Initial Contract Term:</b>	10/1/14 - 6/30/15 (9 months)
		<b>Renewals:</b>	This Sole Source would
<b>4. Supplier - Name:</b>	GTECH		
<b>Full Address:</b>	55 Technology Way, West Greenwich, RI 02817-1711		
<b>Contact Name:</b>	Gary Cherwinski		
<b>Telephone:</b>	401-392-7680	<b>FAX:</b>	401-392-4954
<b>E-mail:</b>	Gary.Cherwinski@GTECH.COM		
<b>SRM Supplier #:</b>	203545		
<b>5. Delivery or service location:</b>	11th Floor, Strawberry Square Harrisburg, PA 1712		

## SECTION B

<input checked="" type="checkbox"/> <b>1. Sole Source:</b> Only known source - Not available from another supplier.
<input type="checkbox"/> <b>2. Material/Repair/Maintenance:</b> Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/> <b>3. Used Equipment:</b> Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/> <b>4. Professional Expert:</b> Describe in detail in Section C.
<input type="checkbox"/> <b>5. Exempt (Law):</b> 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"/> <b>6. Feasibility:</b> 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").**

The Central Control Computer System monitors and controls all slot machines in the Commonwealth and are required by the Race Horse Development and Gaming Act to be continuously connected to all machines 24 hours a day at every venue. The current agreement for services expires 9/30/14, with no additional extensions available.

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

GTECH is the only company licensed by the PA Gaming Control Board to perform this service. This vendor was awarded a contract to continue and upgrade services (4400013466). The equipment is currently being serviced under EPO #4300421937. Both systems will be operating until a total conversion is complete.

**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.**

Yes, at this time GTECH is the only company capable of providing the service for the Central Control Computer System and has been awarded the new contract.

**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.**

The service is currently being done under EPO 4300421937, previously under 4300409312.

**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?**

The current EPO expires on 9/30/14 and the Department is mandated by legislation to have all slot machines connected to the CCCS.

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

All slot machines must be connected to the Central Control Computer System. If not, the casinos will be required to shut down operations and the Commonwealth will lose approximately \$3 million per day.

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

N/A

**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):**

<b>Name:</b>	Mary Knapp	<b>P-Group:</b>	BG6	<b>Date:</b>	07-09-14
<b>Title:</b>	Purchasing Supervisor	<b>Telephone:</b>		<b>Fax:</b>	

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

<b>Name:</b>	Thomas Gohsler	<b>Title:</b>	Deputy Chief Counsel	<b>Date:</b>	07-09-14
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	tgohsler@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.

<b>Name:</b>	Charles E. Erdman Jr.	<b>Title:</b>	Deputy Secretary for Administrative	<b>Date:</b>	07-10-14
<b>Telephone:</b>		<b>Fax:</b>			

**Additional Approvals (if required by Agency):**

<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
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<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	