

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:	Department of Community and Economic Development		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Professional and specialized financial advisory services for the Act 47 Coordinator for the City of Harrisburg.		
Materials Description:			
Services Description:	Professional and specialized financial advisory services for the Act 47 Coordinator for the City of Harrisburg.		
3. Materials Shopping Cart # or Services SPR#	See attached contract	Estimated Cost:	\$100,001 - \$250K
		Initial Contract Term:	One year
		Renewals:	up to four additional year
4. Supplier - Name:	Public Resource Advisory Group		
Full Address:	40 Rector Street, 16th Floor, New York, NY 10006-2908		
Contact Name:	Stephen Peyser, President		
Telephone:	212-566-7800	FAX:	
E-mail:	speyser@pragny.com		
SRM Supplier #:	214974		
5. Delivery or service location:	Harrisburg, PA		

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.

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").

The supplier was performing these services for the Office of the Receiver for the City of Harrisburg (the "Receiver") under Purchase Order #4300354280. Memorandum of Understanding #14-313-0001 between the Receiver and the Department of Community and Economic Development (DCED) assigned the Receiver's existing contracts and purchase orders to DCED, which assignment became effective upon the termination of the receivership for the City of Harrisburg, which occurred on March 1, 2014. DCED then executed purchase order #4300418377, in order to administer the contract through the contract period established under Purchase Order #4300354280. These services are critical to the further implementation of the Commonwealth Court confirmed Harrisburg Strong Plan. Because the supplier brings unique expertise in analyzing existing bond structures and options for resolving guaranteed debt and related financial matters and has been deeply involved in assisting both the Receiver and the current Act 47 Coordinator for the City of Harrisburg in the implementation of the Harrisburg Strong Plan, it would be detrimental to the implementation efforts currently underway to switch vendors.

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

See response to question #1.

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.

No

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. See response to question #1.

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?

Failure to approve this procurement will seriously impact DCED's and the Commonwealth's ability to further implement the Harrisburg Strong Plan thus jeopardizing the City's recovery efforts. Upcoming debt obligation deadlines require detailed analysis of various transactions.

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

Timing is critical as debt obligation deadlines require specific analysis of proposed transactions related to asset disposition.

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

None

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

Yes. See attached document.

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:	Lorie Abbott	P-Group:	FP7	Date:	07-22-14
Title:	Procurement Officer	Telephone:		Fax:	

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

Name:	Jill B. Busch	Title:	Deputy Chief Counsel	Date:	07-23-14
Telephone:		Fax:		Email:	jbusch@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:	Champ Holman	Title:	Deputy Secretary for Community /	Date:	06-27-14
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:	