

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	Supplier to provide federal Community Development Block Grant (CDBG) state specific training to DCED staff and recipients of CDBG grant funds.		
Materials Description:			
Services Description:	Supplier to provide federal Community Development Block Grant (CDBG) state specific training to DCED staff and recipients of CDBG grant funds.		
3. Materials Shopping Cart # or Services SPR#	6100030616	Estimated Cost:	\$10,001 - \$50K
		Initial Contract Term:	3 months
		Renewals:	none
4. Supplier - Name:	Council of State Community Development Agencies		
Full Address:	1825 K Street, NW Suite 515, Washington, DC 20006		
Contact Name:	Dianne Taylor, Executive Director		
Telephone:	202-293-5820	FAX:	202-293-2820
E-mail:	dtaylor@coscda.org		
SRM Supplier #:	163803		
5. Delivery or service location:	statewide		

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").

This federal CDBG training is state specific to Pennsylvania. Supplier is the only agency known to offer this state specific training.

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

There are no other known state specific training available. DCED has had discussions with other states and has concluded that the Supplier is the only known provider of this type of training.

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.

These services were procured as a sole source (ID#18840) in 2013 under PO 4300371030. The PO is available on the Treasury website.

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 training will address the needs of new staff at the local level who administer the CDBG program. Failure to provide this training will result in non-compliance with federal CDBG requirements and possible audit findings.

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

Yes. Training is scheduled to begin on September 24, 2014.

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?

Budget is attached to the scope of work.

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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:	<input type="text" value="Lorie Abbott"/>	P-Group:	<input type="text" value="FP7"/>	Date:	<input type="text" value="08-22-14"/>
Title:	<input type="text" value="Procurement Officer"/>	Telephone:	<input type="text"/>	Fax:	<input type="text"/>

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

Name:	<input type="text" value="Jill B. Busch"/>	Title:	<input type="text" value="Deputy Chief Counsel"/>	Date:	<input type="text" value="08-22-14"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text" value="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:	<input type="text" value="Mike Cortez"/>	Title:	<input type="text" value="Acting Deputy Secretary for Comr"/>	Date:	<input type="text" value="08-22-14"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Approvals (if required by Agency):

Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
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Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>