

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:	Office of the Budget (under Governor's Office)		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	TeamMate Audit Management Maintenance Services		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	See Attachment	Estimated Cost:	\$50,001 - \$100K
		Initial Contract Term:	1 year
		Renewals:	Annually
4. Supplier - Name:	Wolters Kluwer Financial Services		
Full Address:	6815 Saukview Drive, Saint Cloud, MN 56303-0811		
Contact Name:	Joey Richardson		
Telephone:	888-393-3690	FAX:	
E-mail:	Joey.Richardson@wolterskluwer.com		
SRM Supplier #:	394613		
5. Delivery or service location:	Bureau of Audits, Forum Place, 8th Flr. 555 Walnut		

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").

Wolters Kluwer Financial Services owns the TeamMate Audit Management System software. No other supplier can provide these services because the software is owned only by Wolters Kluwer.

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

All of our research was conducted prior to procuring the TeamMate licenses. Please refer to PO 4300352945 for documentation.

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.

Yes, per the Terms and Conditions with TeamMate, Bureau of Audits is required to install all Updates and/or Versions of the software within 18 months of their release date. If we do not comply, the Licensor can void the warranty.

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.

Refer to PO 4300352945

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?

The amount of the original PO is \$259,980. This is not the final phase of the project. Each year, we will need to renew the maintenance contract.

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

This is an addition to the previous procurement of the TeamMate Audit Management system. In order to be able to update the software and continue to use the TeamMate Support desk, we need to maintain the yearly service contract.

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

If this procurement is not approved, Bureau of Audits staff will not be able to perform their assigned duties. This software is the key to ensure our core business process can be performed and monitored in a paperless fashion, in real time, from anywhere. TeamMate Audit Management software allows our staff to telework, which is a cost savings initiative for the Office of the Budget.

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

If this procurement is not approved timely, the Bureau of Audits will lose the capability of using the TeamMate Support desk to troubleshoot and rectify software related issues, as well as delay any updates that need to be installed.

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

This procurement is crucial in order for the Bureau of Audits to operate.

SOURCE JUSTIFICATION FORM

Bureau of Procurement

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

N/A

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:	Amanda Williams	P-Group:	Budget	Date:	10-06-14
Title:	Audit Specialist 3	Telephone:		Fax:	

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

Name:	Amanda Williams	Title:	Audit Specialist 3	Date:	10-06-14
Telephone:		Fax:		Email:	amawilliam@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:	John Kaschak	Title:	Director of Audits	Date:	10-06-14
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:	