

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 Corrections		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Amendment to extend the Pharmacy services contract for the Department of Corrections		
Materials Description:			
Services Description:	1 year contract extension for the existing Pharmacy services contract for the Department of Corrections		
3. Materials Shopping Cart # or Services SPR#	6100031162	Estimated Cost:	\$5M +
		Initial Contract Term:	1 year or until a new contract
		Renewals:	0
4. Supplier - Name:	Diamond Drugs Inc, dba Diamond Pharmacy Services		
Full Address:	645 Kolter Dr, Indiana, PA 15701		
Contact Name:	Gustave Gabrielson, R.Ph		
Telephone:	724-349-1111	FAX:	724-465-8675
E-mail:	ggabrielson@diamondpharmacy.com		
SRM Supplier #:	147665		
5. Delivery or service location:	Department of Corrections Facilities		

SECTION B

<input 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 checked="" 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").

The DOC is requesting a SS amendment to extend the current Corrections Pharmacy Services contract with Diamond Drugs, Inc.(4400007074) for one year or until a new contract is fully executed. The Bureau of Health Care Services has two major contracts, Health Care Services and Correctional Pharmacy Services scheduled to expire with in a one month time frame. Both these contracts are critical to the operation of the DOC and to the health and welfare of the inmates. The DOC does not want the uncertainty and possible change over of these two large contracts to occur at the same time and disrupt the medical operations of the facilities.

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

Diamond Drugs, Inc. is the current contracted vendor.

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 through the RFP process and are being provided under contract 4400007074.

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?

NA

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

The is a one year extension to the existing contract.

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

If this is not approved, the DOC will be forced to participate in two RFP processes for very complex services at the same time. The possible change over of the two major health contracts in a short time frame will disrupt operations in the facility and impact on the delivery of health care services.

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

Timing is a factor because if this SS is not approved, the COD will have to start the RFP Process for the new contract in the next few weeks.

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

N/A

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

yes

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:	Beth Procopio	P-Group:	A51	Date:	09-24-14
Title:	Chief, Division of Administrative S	Telephone:		Fax:	

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

Name:	Chris Oppman	Title:	Director, Bureau of Health Care S	Date:	09-24-14
Telephone:		Fax:		Email:	coppman@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:	Timothy Ringler	Title:	Deputy Secretary for Administratic	Date:	10-09-14
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:	Beth Procopio	Title:	Chief, Division of Administrative S	Date:	10-09-14
Telephone:		Fax:		Email:	blprocopio@pa.gov
Name:	Beth Procopio	Title:	Chief, Division of Administrative S	Date:	10-09-14
Telephone:		Fax:		Email:	blprocopio@pa.gov
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	