

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:	PA State Sys of Higher Ed		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	Software to teach Mathamatics, MATLAB technology, Educational Use License		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	N/A	Estimated Cost:	\$5K - \$10K
		Initial Contract Term:	N/A
		Renewals:	N/A
4. Supplier - Name:	The Math Works, Inc.		
Full Address:	3 Apple Hill Drive, Ntick, MA 01760-2098		
Contact Name:	Scott Benway		
Telephone:	508-647-7741	FAX:	508-652-8776
E-mail:	scott.benway@mathworks.com		
SRM Supplier #:	1019392		
5. Delivery or service location:	Cheyney University Pennsylvania		

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").

Math Works is the sole source for the Academic Group and Concurrent License, Classroom License, Student Licenses, and Total Academic Headcount License for the MATLAB technology (see attached letter)

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

N/A

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.

N/A

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?

N/A

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

This software is needed no later than December. Classes have already started for the fall semester so the software will be utilized for classes beginning in the spring semester in January.

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

MATLAB is not an operating system. The license may be reassigned if necessary. MATLAB is not available on the Commonwealth Enterprise Contract.

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):

Name:	Lynnette Scott	P-Group:	N/A	Date:	10-02-14
Title:	Purchasing Agent II - Contracts	Telephone:		Fax:	

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

Name:	Dr. Ayodele Aina	Title:	Math/Science Chair	Date:	10-02-14
Telephone:		Fax:		Email:	aaina@cheyney.edu

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:	Al Skudzinskas	Title:	VP of Finance &amp;amp;ar	Date:	10-02-14
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:	